VS A15 (4) 15M 10/57

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in by the funeral director,	there were a second of the file with
filled in by	Charl Land
and camp	0

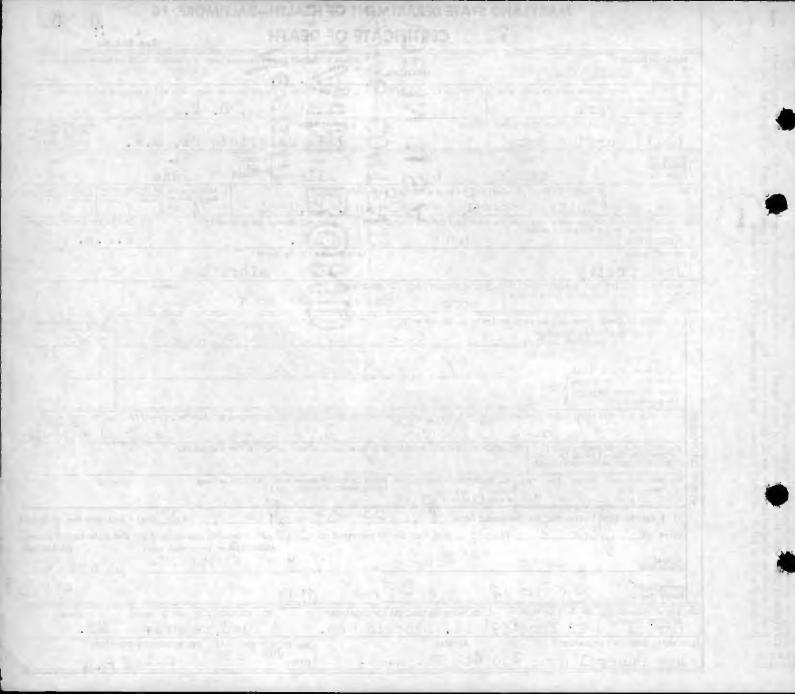
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6872

CERTIFICATE OF DEATH

06863

Reg. Dist. No.

PLACE OF DEATH O. COUNTY MON	tgomery		MARYLANE	O. STATE	D. C.	ere deceased liv	ed. If institut		before ada	nissian)
b. CITY OR TOWN (If a RURAL and give near	utside carparate limi	ts, write c. L	ENGTH OF STAY IN 11	e. CITY OR	TOWN (If o	utside corporate	limits, write f	RURAL and gi	ve nearest fo	Own)
Takoma Pa	rk			Was	hingt	ton, D.	. C.	1277×	- 3	V
d. NAME OF HOSPITAL	(If not in hospital, g	ive street addre	:55)	d. STREET	ADDRESS				e. 15	RESIDENCE
Ralls Nur	sing Ho	ne		141	2 Del	Lafield	P1.	N.W.		A FARM?
3. NAME OF DECEASED	Fir	3f	Middle	lo	st	4. DATE	Mor	nth	Day	Yeor
(Type or print)		rah	L	A1	ley	DEATH	Jur	ie	9	1959
S. SEX	. COLOR OR RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRT	Н	9. 4	GE (In years ast birthday)			NDER 24 HRS.
Female	White	WIDOWED	DIVORCED 🗍	Aug. 1	6.188	34 '	74 yrs.	Manths D	oys Hou	rs Min.
10a. USUAL OCCUPATION during most of working	(Give kind of work	dane 10b. KIND	OF BUSINESS OR IN	DUSTRY 11, BIRTHP	LACE (State	or foreign count	γ)	12. CITIZ	EN OF WH	AT COUNTRY?
Housewife			none	D.	C.			U.	S.A.	
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME				
John Dail	.ev			Ja	ne	Albrit	tton			
15. WAS DECEASED EVER I			AL SECURITY NO. 17	INFORMANT				iress		
No. or unanaway	res. give war or dates of s	9.7	one E	Hospital	Reco	ords				
18. CAUSE OF DEATH	Enter only one co	use per line for	(a), (b), and (c).]	1/					INTERVAL	BETWEEN
	WAS CAUSED BY		50 tans	10	. A	2,	9		ONSET AL	ND DEATH
450.0	DUE TO		Jesman	17	43/1	700	me	-	70	Caro
Conditions, if any		10.	C.	1-	· la					/
gove rise to imm	rediate (J. KA	n W	1 Enco	Chen	, our			16	4/2
lying couse lost.										1
	SIGNIFICANT CON		RIBUTING TO DEATH B	UIT NOT BELAYED TO	THE VENI	ALL DICEASE CO	NIDIPION AND	APPARATE DA DE SE	v dan su	C 41170001
CATIO (Iron	- Pa	lmona	2 Zu	Ler	ulian	0 - 6	e ale	PER	FORMED?
PART II. OTHER	CAUSE OF DEATH	20b. DÉSCRIBE	HOW INJURY OCCUR	RED Enler nature o	injury in P	ort t or Part II a	of item 18.)			
3 20c. TIME OF INJURY	Month, Day, Yes	or 20d. INJURY	OCCURRED 20e.	PLACE OF INJURY	Home, form,	20f. (City or f	awn)	(Co	unty)	(State)
20c. TIME OF INJURY Hour a. m. p. m.	19	While of work	Nat while	foctory, street, offic	e blog., etc.			,	,,	(4.2.1)
21. I certify that	Lattended the	deceased for	ram Maler	22 1959	ta ()	1 a C	195	Tibal I la	et courth	e deceased
alive an	we 8	19 54		th occurred at	a. 40	AM from th				
		1 1	1	in occorred by		DOMESS (Street			adie zit	DATE SIGNED
ACTUAL SIGNATURE	MA	2 /	Leurs	_M.D	114	Ky 0	we n	n ,	Nun	LOC
PHYSICIAN'S NAME (Type)	ARTH	tur	H. LE	EW15	MI					6/9/5
220. BURIAL, CREMATION,	22b. DATE THEREO	F 22c	NAME OF CEMETERY	OR CREMATORY		22d. LOCATION	(City, town,	or county)	(5	tate)
Burial	12 June	et 59]	Ft. Linco	oln Cem.			ensbur		Md.	
23. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS		24a. REC'P	BY REGISTRAR	-	STRAR'S SIGN	ATURE	
Lee Funer	al Home	300 A	th St. N.	E.	DATE	IN 1 2 '59	0	inthun 8	t	



VS A1S (4) 1SM 10/S7

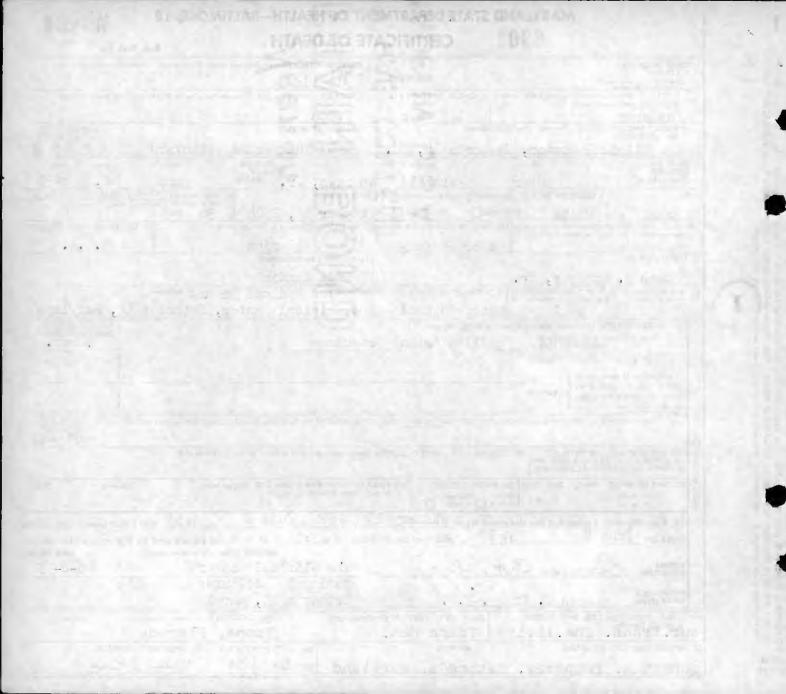
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be filed with	量)
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- 0		On.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6901

CERTIFICATE OF DEATH

06864

									Key, DIS	1, 140.	
1. PLACE OF DEATH o. COUNTY Montgomer	v		MA	RYLAND	2. USUAL RESI		ere deceased	ived. If institut b. COUNT	ion: Residenc	ce before a	idmission)
b. CITY OR TOWN [f autside corporate fimi	ls, write	c. LENGTH OF STA	Y IN 16	1		utside corporo	te limits, write l	RURAL ond g	ive nearest	town)
Bethesda	eorest town)		149 da	376	Tampa	2		1184	2		N.
	AL (If not in hospital, g	ive street	oddress)	LYS	d. STREET A			4-6.0	- 2/	le l	S RESIDENCE
				16.3			T = 1===	D7	3	(ON A FARM?
	cal Center	4				Twin		Bouleva		1	ES NO 🔀
NAME OF DECEASED (Type or print)	Fir		Marsha		Andrews		4. DATE OF DEATH	Jur		Bay	19 59
S. SEX	6. COLOR OR RACE	7. MARE	RIED X NEVER MAR	RIED 🔲	8. DATE OF BIRTI	Н	9	AGE (In years lost birthday)			UNDER 24 HRS
Male	White	WIDOW	ED DIVOR	CED 🔲	October	16. :	1924	34 yrs		Days H	ours Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign cou	ntry)	12. CITI	ZEN OF W	HAT COUNTE
Salesman	ung the, even it retired	P:	aper Compa	nv	7 (1923)	Flor	rida			U.S	-A -
13. FATHER'S NAME		1	apor oumpe		14. MOTHER'S					0.0	****
Edgan M	Andrews, S	92			Fhha	Lund:	in				
IS. WAS DECEASED EVE			SOCIAL SECURITY N	10 17 1	NFORMANTTh			Add	frace		
[Yes, no. or unknown]	(If yes, give war or dates of to	MAKB)								3.0	3 1
Yes	MMIT		ascertains		The Cli	nical	Center	, Bethe	sda L	Ha Ma	ryland
	TH [Enter only one co									INTERV	AND DEATH
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	M	idline Let	thal (Granulom	a				9	mos.
138.1	DUE 10										
Conditions, if o	ny, which)										
gove rise to in	mmediate (****	-	- 1
lying couse lost.	the onder-										
	IER SIGNIFICANT CON		ONTRIBUTING TO D	FATH RUT	NOT RELATED TO	THE TERM	NAI DISEASE	CONDITION GI	VENI INI PART	1(a) 10 V	WAS AUTOPSY
CATI									VEN IN PARI	P	ERFORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	f injury in F	Port I or Port I	l of ilem 18.)			
Hour o.m.	Y Month, Doy, Yes	While	Not while	20e. PL fo	ACE OF INJURY (ctory, street, office	Home, form, bldg., etc.	20f. (City o	r town)	(C	ounty)	(Slote
			k of work		20 60	Ton		F (1		
-	at I attended the	deceas	30	lary		.,					the deceas
alive an Jur	ne o	, 19_	22, and the	at death	occurred at	7:10 /	M, from	the causes	and on th	e date :	stated abor
	0	_	100	7			ADDRESS (Sire	el, city or lown,	stote)		DATE SIGN
ACTUAL SIGNATURE	times	C.K	inter	1	mn The	Clinic	cal Cer	nter			6-8-59
0			Jr.	-	Nati	onal	Institu	ites of	Healt	h	
PHYSICIAN'S NAME (Type)	James C.	Kirby	M.D.		Beth	esda :		yland			
270. BURIAL, CREMATIO			22c. NAME OF CE	METERY							
Bur Trans	. Jne.11,				K CKEMATORY			ON (City, town,			(Stote)
	The state of the s	エプン		Celli.				, Flor			
23. FUNERAL DIRECTOR'	S SIGNATURE		ADDRESS				BY REGISTRA		ISTRAR'S SIG		
pobert A.	Pumphrey	. Be	ethesda.	Mar	vland	DATEJU	111'59	an	Thur S. 1	trace	



eath. Page 4

Pages 1 and 2 should be filed with

papers. may be retained by the haspit.

TO FUNERAL DIRECTOR: After the entitioner has been signed by the attending physician and cample page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers the registrar prior to burial, cremation, ar remayal, and in any event within 72 hauf, ofter a gath.

SICIAN: The law requires that the death certificate be executed TO HOSPITAL O' VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
902 | State 6902 PLACE OF DEATH

06865

Reg. Dist. No. 215

1. PLACE OF DEATH o. COUNTY	Montgomery	MARY	a. STATE	DENCE (Where deco	eased lived. If institut b. COUNTY	rian: Residence b	vefore admis	ssion) am
b. CITY OR TOWN RURAL and give	(If outside carporate limits, write	c. LENGTH OF STAY	IN 16 c. CITY OR	TOWN (If autside o	orporate limits, write			
	Bethesda PITAL (If not in hospital, give stree	49 days	М	anassas	8	3 x 3		
OP INISTITUTION	M		d. STREET A	4				SIDENCE A FARM?
U. S. Na	val Hospital, Be	thesda, Md.	5	60 Centre	ville Road	<u>t</u>		NO [4
3. NAME OF DECEASED	First	Middle	los	OF		inth	Day	Year
(Type or print)	Robert	(n)	ARNOTT		Jur		20	19 59
S. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIE	ED 8. DATE OF BIRT	Н	9. AGE (In years last birthday)	Months Day		
Male	Caucasian WIDOV			ber 1898	6061 yrs		110013	ACIT.
10a. USUAL OCCUPA during most of w	TION (Give kind of work done 10t orking life, even if retired)	. KIND OF BUSINESS O	R INDUSTRY 11, BIRTHPI	ACE (State or foreign	gn country)	12. CITIZEN	OF WHAT	COUNTRY?
Sales		merical Supp		W JERSEY		U.S	.A.	
13. FATHER'S NAME		- 1	14. MOTHER'S	MAIDEN NAME				
Robert AR	NOTT		Jane	t THOMSON				
	VER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO				entrevi	lle R	ď.
Yes	1	INKNOWN	Mrs. Jose	phine ARN		ssas, Vi		
Canditians, if gove rise to cause (a), stalin lying couse las	ony, which immediate ag the under: (b) (to	liver, bor						
CATIC	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO	THE TERMINAL DIS	EASE CONDITION G	VEN IN PART 1(o	PERF	ORMED?
OR CONTRIBUTION	WAS UNDERLYING 20b. DE NG CAUSE OF DEATH FY MEDICAL EXAMINER)	SCRIBE HOW INJURY O	CCURRED. (Enter nature of	f injury in Part Lar	Part II of item 18.)			
Y 20c. TIME OF INJU	n While	INJURY OCCURRED Book of work	20e. PLACE OF INJURY (factory, street, affic	Home, form, 20f.	(City ar tawn)	(Caun	nty)	(State)
alive an 6 ACTUAL SIGNATURE F. PHYSICIAN'S F. NAME (Type)	H. O'CONNELL LT	and that AC USN T MC USN	U.S.	2320P _{M, fro} Addres NAVAL HO NAVAL HO	om the causes and S (Street, city or lown) SPITAL BE	nd an the do , state) THESDA M	ate state DA	deceased ad abave ATE SIGNED 21/59
REMOVAL (Special Burial	6-24-59	Arlington	n National	Arl	CATION (City, town, Lington, V		(Sto	ate}
23. FUNERAL DIRECTO		ADDRESS Wash	D.C.	DATE	GISTRAR9 24b. REG	STRAP'S SIGNA		

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di Ta A 12 - 12 Lau - 15-1 1,000 The state of the s enter a maria en esta que establicaren acceptante. . and the live source stop ngologi, partagal (Cyrl stable, 4 res) at real 54 (V.S.) sel of the second that the second is the second of 4 4 4 4 4 and tell of the late of the late of . _ 1 10 _ ____ A CONTRACT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116866

CERTIFICATE OF DEATH

Reg. Dist. No.

	D.S.II.	5		Re	g. Dist. No.
1. PLACE OF DEATH	ntgomery	MARYLAND	2. USUAL RESIDENCE (WE o. STATE	nere deceased lived. If institution: R b. COUNTY	lesidence before admission)
b. CITY OR TOWN (I	If outside corporate limits, write egrest town)	c. LENGTH OF STAY IN 16	washingto	outside corporate limits, write RURAI	ond give nearest town)
OR INSTITUTION	FAL (If not in haspital, give street con Gardens N		d. STREET ADDRESS	th Dakota Ave.	N.E. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	^{first} Char⊥	es August Au	Last Le	4. DATE Month OF DEATH June 2	Day Year 6, 1959 19
s. sex male	6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH 7/25/91		INDER I YEAR IF UNDER 24 HRS
during most of work Retired	ON (Give kind of work done 10b. king life, even if retired) Clerk	KIND OF BUSINESS OR INDU		or foreign country)	2.CITIZEN OF WHAT COUNTRY
Fred L.	Aue		Marie F	NAME	
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	78-07-738L	Home Rec	Address cords- Kensing	ton, Md.
	ny, which (b) (b)	ne for (0), (b), and (c)-] ARCINOMA	OF LUN)G	INTERVAL BETWEEN ONSET AND DEATH
PO P	AS UNDERLYING 20b. DES	CONTRIBUTING TO DEATH BUT 2 PAGE 5 1 5 CRIBE HOW INJURY OCCURRE		NAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPS1 PERFORMED? YES NO
-	While	la.	ACE OF INJURY (Home, form ctory, street, office bidg., etc		(County) (State
21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	STANLEY (And the second		M, from the couses and a ADDRESS (Street, city or town, state	
220. BURIAL, CREMATIC REMOVAL (Specify) DUP181	0N, 22b, DATE THEREOF	Prospect H	R CREMATORY	22d. LOCATION (City, town, or co	(State)
The S, H.	TT# 0- 69	- ADDDECC	N W 240. REC'		R'S SIGNATURE

leath. Page 4 filled in by the funeral director, ges I and 2 shauld be filed with executed corbon poper ofter death. attending physician. ertificate has been signed by the ottending physician and camp TENDING PHYSICIAN: The law requires that the deoth certificate be Then please remove event within 72 haurs os the burial-transit permit. removal, registrar prior to buriol, cremation, or TO FUNERAL DIRECTOR: Aftern page 3 should be detached far use TO HOSPITAL OF

VS A1S (4) 1SM 9/SB

11 , 1 - 1 MAN - AND DE AMERICA COMPA - Chr.W. co. of the co. of the the analysis of the second of the second of the second of the State death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06867

June 26, 1959

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6904 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH e. COUNTY b. COUNTY Montgomery a. STATE Md-Montgomery MARYLAND C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) b. CITY OR TOWN III outside corporate limits, write BURAL Bethesda Kensington d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? 7203 Denton Rd., Kensington Gardens YES NOT 4. DATE NAME OF DECEASED Middle Month Yeor 1959 26, S. DEATH June GERTRUDE BARB (Type or print) 9. AGE fin years IF UNDER 24 HRS. FUNDER TYPAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Hours Months 16, 1878 Female White Feb. WIDOWED T DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY? West Virginia U. S. Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

Arnold Sche					Nichols	
5. WAS DECEASED EVER IN U. S. A es, no. er unknown] Ith yee, give wo	RMED FORCES?	None	17, INFORMANT		Address	
18. CAUSE OF DEATH Enter on PART I. DEATH WAS CAU		line for (o), (b), ond (c).] Acute Conges	stive Heart	Failure		Sudden
Conditions, if any, which)	DUE TO	MK Chronic	Myocarditi	S		Months
gave rise to immediate cause (a), stating the underlying cause last.	DUE TO					

PERFORMED? ICATIO YES [200, EXTERNAL CAUSE WAS FRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)

20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, effice bldg., etc.) Not while at work of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry K. opinion death resulted from: Natural causes ... Accident . Suicide . Homicide . Undetermined manner

DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER

SIGNATURE ASSISTANT MEDICAL EXAMINER [**EXAMINER'S** DEPUTY MEDICAL EXAMINER BROSCHART NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, fown, or county) 220. BURIAL, CREMATION, (State) Burial-transit Oueens Point Cem. Keyser, W. Virginia ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR

23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey, Bethesda, Maryland

the funeral be retained with and a 2 is certificate should be executed within 24 hours after death, and "pending" in pendi in Item 18. Give Pages 1, 2, and Medical Examiner's Office along with farm PM3. Page 5 Aid be used as a burial-transit permit. File pages 1 and 2 pidi, cremetion, an removal, and in any event within 22-be should shauld be farwarded FUNERAL DIRECTOR: 40 b 5M 2/57

V5. A15ME

MEDICAL EXPENDING CERTIFICATE OF REATH e - W WHEN EDST books and and arms. THE REST PORT OF and the state of t . Windless The Bill Output Sycones - His TO CHANGE A train of the second of the s The second of th tertine at a state 26, 1984 Enter Company of the MATERIAL CONTRACTOR OF THE PROPERTY OF THE PRO the later of the contract of the later of the contract of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** with 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admiss on) **b.** COUNTY 4 MARYLAND GOM ERY LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give neorest lown) ENSINGTOW MI d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ANI TAVA NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 7. MARRIED T NEVER MARRIED T 9. AGE (In years lost birthdoy) DIVORCED [WIDOWED UNE " yrs paper 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) House Operator Michigan Rooming Puo po g 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Louise Bailev none no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which] gove rise to immediate DUE TO couse (o), sloting the underlying couse lost. (c). PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port I) of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m. Not while of work of work, 21. I certify, that I attended the deceased fram less olive on ACTUAL prior SIGNATURE 3 should registrar PHYSICIAN'S FUNERAL

ADDRESS

116868

Reg. Dist. No.

e. IS RESIDENCE ON A FARM? YES NO T 19 U IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U. S. A. RSHA!/
Address Washington, DC Rodman St.N.W. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO (Stole) (County) Cthat I last saw the deceased and that death occurred at 3. 45 P.M. from the couses and on the date stated above. ADDRESS (Street, city or fown, stote) DATE SIGNED Kensington, Maryland 22c. NAME OF CEMETERY OF CERTATORY 22d LOCATION (City, town, or county) Prospect Hill White Cloud, Michigan 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Washington, D.C. Orthur & House

VS A15 (4) 15M 10/57

poge

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION. 22b DATE THEREOF

The S. H. Hines Company



eath. Page 4

INDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ottending physician.

page 3 should be detached for the burial-transit permit. Then please remove carban pupe the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

moy be retained haspited
TO FUNERAL DIRI
Page 3 should be detached for

VS A15 (4) 15M 10/57

TO HOSPITAL OF

CORONER NOTIFIED AND WILL APPROVE

filled in by the ges 1 and 2 sho

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 cons

06869

		0300	CERTIFIC	ATE OF DEA	IH	Reg. Dis	it. No.
	1. PLACE OF DEATH COUNTY Montgomery		MARYLAND	II o STATE		d If institution Residen	
	b. CITY OR TOWN (If outside corpora RURAL and give nearest lown) Bethesda		ENGTH OF STAY IN 16	×Bethesd	(If outside corporate I	imils, write RURAL and q	
7	d NAME OF HOSPITAL (If not in hosp OR INSTITUTION Alta Vista Res	oital, give street addre		d. STREET ADDRES		rd.	e IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	First	Middle	Ban hav	4. DATE OF	- Month	Day Year
	5. SEX Female 6. COLOR OR Whit	RACE 7 MARRIED WIDOWED	NEVER MARRIED	B. DATE OF BIRTH Feb.17,	L868 9 A		1 YEAR IF UNDER 24 HRS
1	10a. USUAL OCCUPATION (Give kind of during most of working life, even if HOUSEWITE	work dane 10b KIND (atired)	OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (S	_		IZEN OF WHAT COUNTI
/	13. FATHER'S NAME John Robbins			Mary Mo		····	
	15. WAS DECEASED EVER IN U. S. ARME [Yes, no or unknown) [(if yes, give wor or di	ofes of service		INFORMANT Irs. Lillia	an Rankir	Address 1 - Item#2	-daughter
	18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUSED IMMEDIATE CA	USE (0) ACU	1 1/1/	icular FH	rillation	7)	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which) gove rise to immediate ((b) Chro	onic M	yocardit	is	U	ate levum
	lying cause last.	(c) Hrte	MINITING TO DEATH A	the Hear's	-DISCO		determine
4		6-0 14/4	erro-scien	ous cure	KIC NEOMAY	is & Ureulia	YES NO L
			p	RED. (Enter nature of injur			
	20c. TIME OF INJURY Month, Day Haur o. m.		Not while	PLACE OF INJURY (Home, octory, street, office bldg.	form, 20f. (City or to	own) (C	ounly) (Slote
	21. I certify that I attended	the deceased fr		h occurred at 6			ast saw the deceas
	ACTUAL SIGNATURE	16	200	MD 106	ADDRESS (Street,	city or town, state)	AATE SIGN
/	PHYSICIAN'S GCO TO	LE	Ball	Silve		45 la	(1) 19
	220. BURIAL, CREMATION, 22b. DATE TO BURIAL (Specify) 6-24-		NAME OF CEMETERY			(City flown, or caunty) George Co	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	24a.	ESON SESISTEM	246 REGISTRAR'S SIG	
	Robert A. Pumphr	ey, Beth	iesda, Mai	ryland DATE	DALL Y P. O.	Covvil 10.	, 0,



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 06870CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed **b.** COUNTY Dasi MARYLAND NON gomery Gamery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give Weatest town) RURAL and give nearest town 10 hes d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE OR INSTITUTION 65 ane YOU ď Jahilarium YES I NO X 10h 3. NAME OF Middle 4. DATE Manth DECEASED OF DEATH (Type or print) une road 19.5 9 AGE (In years 6. COLOR OR RACE MARRIED NEVER MARRIED 8. DATE OF HIRTH IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Pmale DIVORCED [WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? <u>a</u> during most of working life, even if retired) olaha pup HOUSEWIFE U.S.A. one 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ò aco 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Xlosso- Records-18. CAUSE OF DEATH [Enter only one couse per line fog.(a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: Land IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which Like i gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPSY PERFORMED? nous-YES [NO] 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. ... 1954, that I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 1120 A.M. from the causes and on the date stated above alive on ADDRESS (Street, city or lown, state) **DATE SIGNED** ACTUAL SIGNATURE should PHYSICIAN'S ERWIN STEINMAN MID NAME (Type) 22d. LOCATION (City, town, pr county) 220. BUR AL, CKEMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR (State) poge REMOVAL (Specify) Roman 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cirthur S. Thous VS A15 (4) 15M 10/57



VS A1S (4) 15M 10/S7

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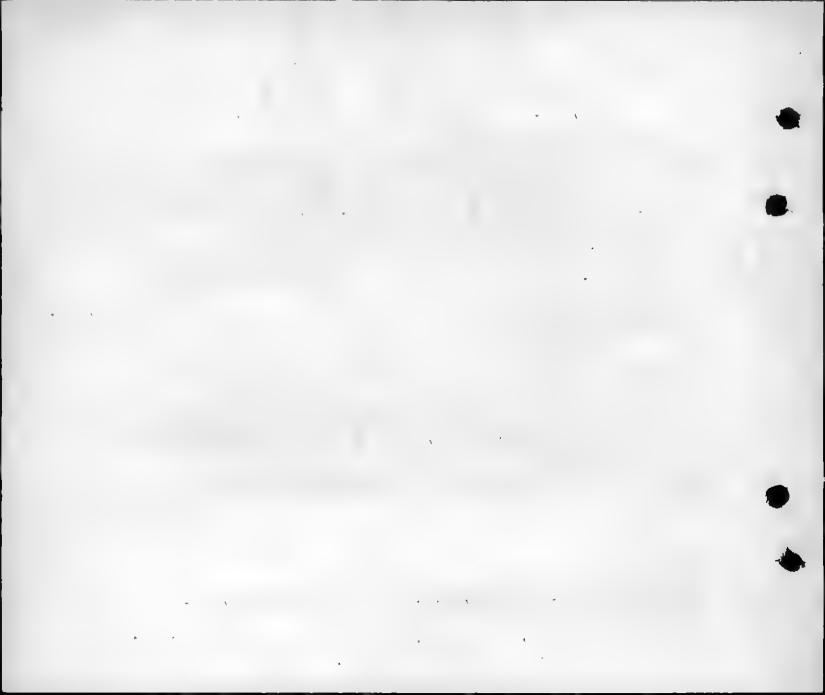
MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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CERTIFICATE OF DEATH

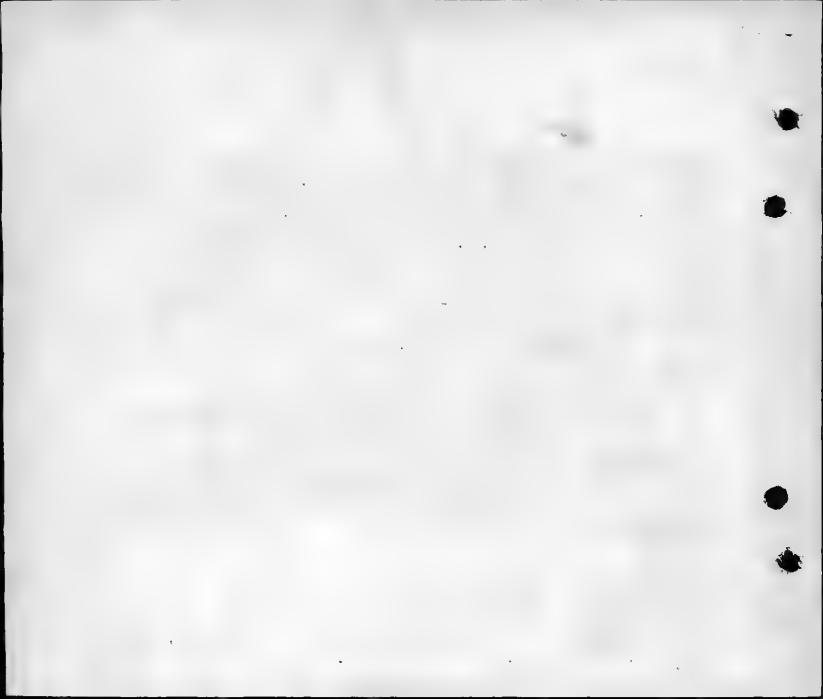
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1, PLACE OF DEATH 6. COUNTY MC	ntgomery		MARYL	- 11	2. USUAL RESIDE	ence (Wh	land	ived If institution b. COUNTY		before odmissio tgomer	
RURAL and give of	outside corporate lime earest town) ney, Md.	ts, write	c. LENGTH OF STAY II	N 16			ovia,	te limits, write RI	JRAL and giv	e nearest town)	
d. NAME OF HOSPIT PION EYON	AL (If not in hospitol, sacry Coun-	ty G	oddress) ene ral		STREET AC	DRESS				e. IS RESID ON A F	ARM?
3 NAME OF DECEASED (Type or print)	Emm a		Middle Ewing		Beall		4. DATE OF DEATH	Man 6	th	Day Ye 27 15	59
s sex Female	White	WIDOW			DATE OF BIRTH	1889)	last birthdoy)		YEAR IF UNDER	24 HRS Min
house	king life, even it refired	done 10b.	KIND OF BUSINESS OR	INDUST	M	aryl	Land	niry)		S.	OUNTRY
13. FATHER'S NAME					14. MOTHER'S /						
	W. Beal.					y Fr	cances	Burde	tte		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.		ORMANT			Addr	ess		
No				Luc	cille E	. Sr	mith	M	onrov	ia, Md	
	ATH [Enter only one co TH WAS CAUSED BY- IMMEDIATE CAUSE (o DUE TO)	diabetes	me]	llitus					ONSET AND D	DEATH
Canditions, if a gave rise to i cause (a), stating lying cause last.	ny, which) (b)									
0	er significant con vascula:	ditions of ac	cident, ge	-110	ur c. oc	TCT .	MTan	ecat 9	en in part i Soons angre	(o) 19. WAS AL PERFOR! DE YES	TOPSY MED?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature of	injury in P	ort 1 or Port II	of item 18.)			
Hour o.m.	Y Manth, Day, Ye	While of wor	Not while	facto	E OF INJURY (Hery, street, office I	bldg., etc.	1	·		inty)	(Stote)
21. I certify th	at I offended the Tune 26	decease	ed from Aug.	20 leath a) , 1958 . occurred at 3	10_J	June 2	7	Sthat I la:	st saw the d	ecease
ACTUAL SIGNATURE	mea	da	on	M.	D		ADDRESS (Street	et, city or town,	Hale)		E SIGNE
PHYSICIAN'S NAME (Type)			rs, M.D.				ascus,				
220. BURIAL, CREMATIO REMOVAL (Specify) BULLIAL	June 30		22c NAME OF CEMET					in (City, lown, o		(State)	
23. FUNERAU DIRECTOR	S STOCHACTURE Joles	wit	Damas c	,		240. REC'E	BY REGISTRA		TRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived It institution, Residence before odm'ssen) a. COUNTY o. STATE b. COUNTY MARYLAND F. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give regrest town) A NAME OF HOSPITAL OF STITUTION (If not in hospital, give siteet address) A STREET ADDRESS e IS RE'ID IN F ON A FARM YES NO W ollarrell NAME OF Middle 4. DATE Month DECEASED (Type or print) DEATH 105 6 AGE In years 6. COLOR OR RACE 7. MARNED TRYNEVER MARRIED TE B. DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 FIES profestheday] Months Doys Hours WIDOWED IT DIVORCED IN 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRYS oge during most of working life, even if retired) U. S. Navy Yard machiner a18.a 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER INVI S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17 INFORMANT Iff you are war or doles of service, No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which ! gave rise to immediate come **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HALLS, WAS AUTOPSY PERFORMED? YES 🖂 NO RD 200. EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of insury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stota): factory, street, office bldg., etc.) Hour o. m. While Not while of work of work 21. I certify that I tack charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and in my apinion death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE S. ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Yown, or county) (Stofe) REMOVAL (Specify) Union Cemetery Burtonsville, Maryland 24s REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE SILVER SPRING, MD. VS ATSME arthur S. Hroses BM 2/57





1	OMICITE 107	THE OF BUILTIN	Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where dec		ence befare admission)
Montgomeru	MARYLAND	B. SIAIL WILL	b. COUNTY	
b. CITY OR TOWN (If autside confarate limits, write RURAL and give nearest tawn)	NGTH OF STAY IN 16	c. CITY OR TOWN (If autside	corporate limits, write RURAL an	d give nearest lown)
Gaithersburg	5 yrs.	Washir	vator 4	-7× :
d NAME OF HOSPITAL (If not in hospital, give street addres OR INSTITUTION	is) (d. STREET ADDRESS	3 (1 ,	e. IS RESIDENCE ON A FARM?
Asbury Methodist H	ome	1514 Cmer	SON ST. N. M	YES NO NO
3. NAME OF DECEASED Annie First	Middle	B 0 / / / 0!		Day Year
(Type or print)	1×194	B. DATE OF BIRTH	ATH JUNE	30 1959 ER TYEAR IF UNDER 24 HRS
Female White WIDOWED	DIVORCED [5-4-1876	9. AGE (In years IF UND Manth:	
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND	OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State or fare	ign country) 12, (TIZEN OF WHAT COUNTRY
School - teacher Ed	ucation	Virgi	nia	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Robert Ihomas	Dendall	Virgi	nia St	one
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA [Yes, no. or unknown] [If yes, give wor or dates of service]	AL SECURITY NO 17. II	Isbury Meth	ndist Land	- aritharchy
1B. CAUSE OF DEATH Enter only one cause per line for	(a), (b), and (c))		ad at HOUSE	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (0) LIMITED DUE TO	Umorua			
Conditions, if any, which) the Conce	antinis	Want Souler		
gave rise to immediate		1000		
fying cause last. (c) layler	clensine (Carlio l'ascul	a dicion	
PAIT II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN P	ART I(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTR				YES NO
206 ACCIDENT WAS UNDERLYING 206. DESCRIBE OR CONTRIBUTING 2 CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter nature of injury in Part I a	r Part II of item 18.)	
	OCCURRED 20e PL	ACE OF INJURY (Home, form, 20f.	(City or lawn)	(County) (State)
Haur a.m. While	Not while fac	clary, street, affice bldg., etc.)	,,,	()
	10.0	8 1955 to JUN	e 30, 1959, that	
21. I certify that I attended the deceased fralive an JUNE 28 1959	0111	accurred at 7.30A M.	(the second	l last saw the decease
anve on order	, one that death		tram the causes and an SS (Street, city or town, state)	DATE SIGNE
ACTUAL SE CO & MINOR	7 a	in actions.	1 Bres	1:-30-50
SIGNATURE ATTACK C JULIANI)	M.D. 10128 CECIAR KENSING	70 m . M S	
PHYSICIAN'S Daraht. (2	lover			
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY O	R CREMATORY 22d L	OCATION (City Town, or county	(State)
Bu Class July 2, 1819	Varrent.	Quemeter	Warrenton	(/a_
23. FUNERAL OTRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY RI	EGISTRAR 24b REGISTRAR'S	SIGNATURE
Alantun 316ED	Leading	MAR DATE UL 2	159 Orthun &	Krays

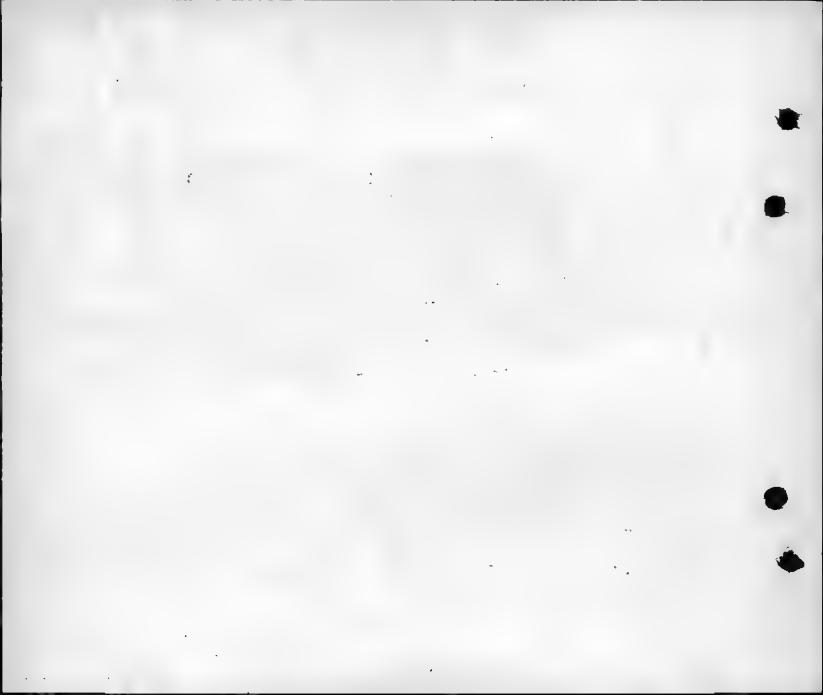
may be retained. The hospile is altending physician.

TO FUNERAL DIRECT: After lifticate has been signed by the ottending physician and camp page 3 should be detached far and so the burial-transit permit. Then please remave carban paper the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

filled in by the Taneral director, ges 1 and 2 should be filed with

eath. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft



Wisconsin Ave. Bethesda Md. DATE

Spokane.

24g, REC'D BY REGISTRAR

JUN 1 6 '59

Washington

Chilling S. Thousa

24b. REGISTRAR'S SIGNATURE

Sar physician 72 haurs o attending ā. ģ been signed g physician. has been si **burial-transit** rtificate may be retained of the TO FUNERAL DIRECTOR: page 3 shauld be detact prior

l directar, filed with

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VS A15 (4) 1SM 9/S8

Pumplirey



ADDRESS

FUNERAL DIRECTOR'S SIGNATURE

VS A15 (4)

116876

IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO 🔀

> > (Stole)

DATE SIGNED

(Stole)

12. CITIZEN OF WHAT COUNTRY?

Doys

ON A FARM? YES 🔲 NO 🏴

Year

19

Min.

Reg. Dist. No.

Months

(County) 1951 / 1951 that I last saw the deceased ADDRESS (Street, city or fown, state) 22d LOCATION (City, lown, or county) Washington, D.C. 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR DATE



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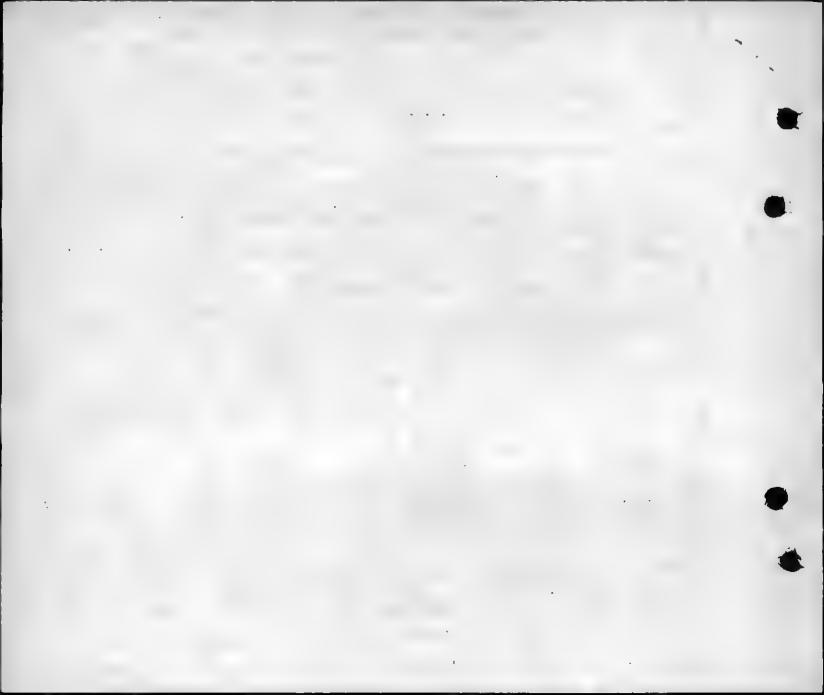
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6912 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06877

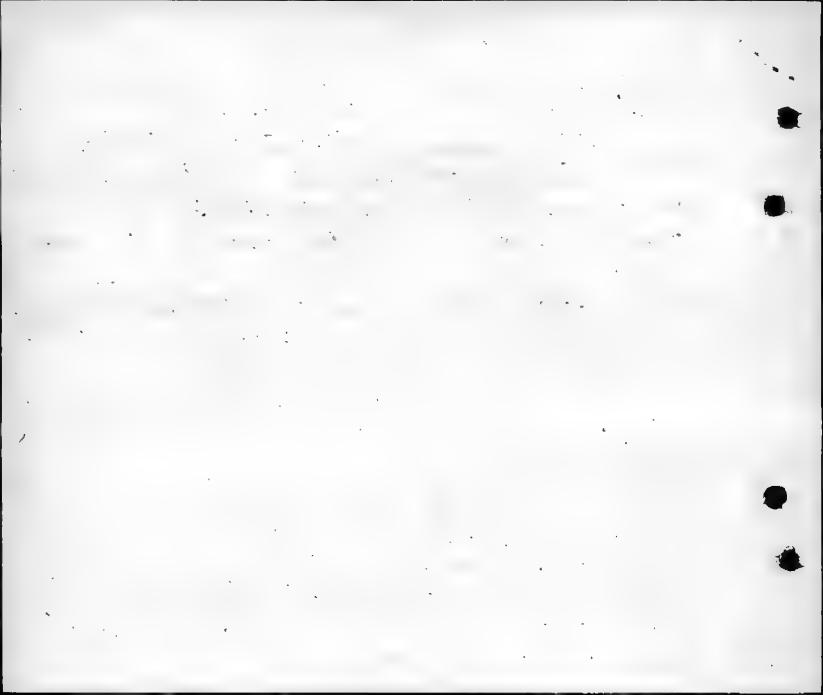
Rea. Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY b. COUNTY Maryland Montgomerv MARYLAND Montgomerv b. CITY OR TOWN III auturda corporate lench, write RURAL C TENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town) Bethesda D.O.A. Kenwood d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5804-Brookside YES NO TO Suburban Hospital 3. NAME OF First Middle DATE Day Year DECEASED OF DEATH (Type or print) 19. Joseph Blair June 19 59 Devereux 5. SEX 6. COLOR OR RACE 7. MARRIED D NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS ioni birthday) whi.te Sept. 26, WIDOWED | DIVORCED [אירע אירע 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) None None Districtof Columbia II.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clav Drewry Deverenx Agnes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Davareux-Aunt 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: TRAUMATIC SHOCK IMMEDIATE CAUSE (o) suddan DUE TO TITVER AND SPIEEN Conditions, if ony, which gove rise to immediate cause: **DUE TO** (o), stoling the underlying AUTOMOBILE ACCIDENT couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DE NO 🗆 200. EXTERNAL CAUSE WAS PRIMARY Flor CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. [Enter noture of injury in Port 1 or Port II of item 18.] Walkedonstreetinfrontofapproachingcar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20r THAT OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) While Not while of work TY15 p. PM:/6/19/59 Kenwooda Montg. Md. 21. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry . and find that death resulted from: Natural causes , Accident XI, Suicide , Homicide , Undetermined cause **BATE SIGNED** ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER Frank Broschart **EXAMINER'S** 6/20/59 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City, town, or county) (State) REMOVAL (Specify) 6/23/1959 Arlington Arlington National Virginia Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY, REGISTRAR - 24b REGISTRAR'S SIGNATURE Robert A. Pumphrey Bethesda, Maryland

forwarded k 0 VS. A 15ME(5) 5M 9/55

to 1.2 Chic



15M 9/58



ADDRESS

06879

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased ived. If institution. Residence before admission) c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOV Year 19 3 IF UNDER TYEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO NO (State) (County) um 2/ 195 Sthat I last saw the deceased and that death accurred at 350 p.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) ONOVAW M 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Sta A REC'D BY REGISTRAR 24b GEGISTRAR'S SIGNATURE arthur & Kines

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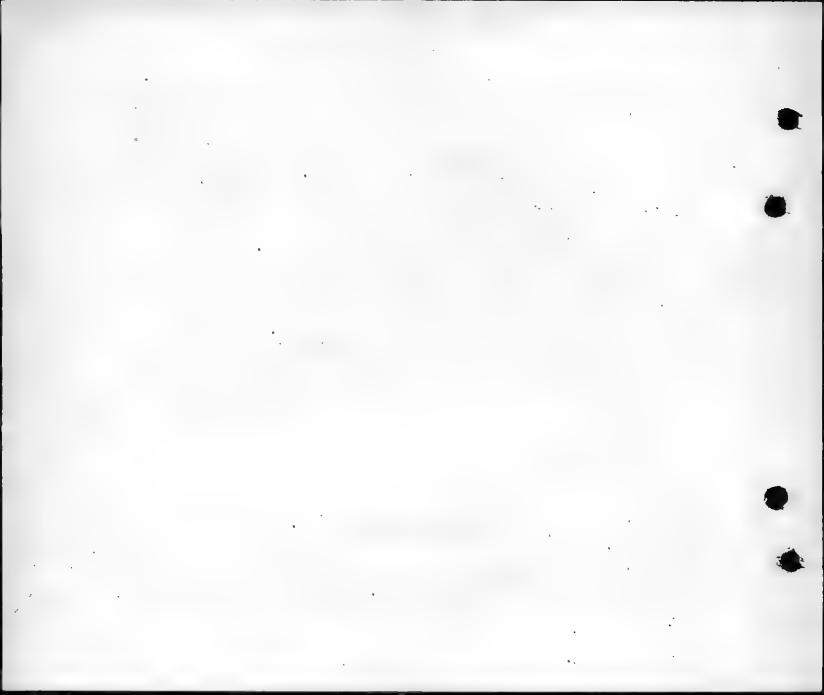
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PHYSICIAN'S

NAME (Type) 220. BURIAL, CREMATION,

23. FUNERAL DIRECTOR'S SIGNATURE

22b DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6915 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. C. o. COUNTY Montgomery b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL Good give negrest town) Washington Unknown d NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Suburban Hospital Helo II all C IS RESIDENCE V ON A FARM? YES NO PA 3. NAME OF First Middle 4. DATE Day Year DECEASED (Type or print) Fanny Bowersock 19 59 DEATH June IF UNDER I YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthdoy) Months Female Days Oct. WIDOWED 3 DIVORCED yes. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY USA None Kansas Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (Unkown) Pickering Unknown IS WAS DECEASED EVER IN U. S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT J. L. Sheldon 730 15 th. St. Wash. D. C. None no 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 15 anon DUE TO Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO DR 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. n. While Not white of work of work 21. I certify that I attended the deceased from Stand ID, 1958, to Stand 30, 1959, that I last saw the deceased __, and that death occurred at #130M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **ACTUAL** SIGNATURE 200 plands PHYSICIAN'S NAME (Type) Seruch T. Kimble, M.D. 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State)

PUNERAL DIRECTOR'S SIGNATURE

July

1st.

ADDRESS

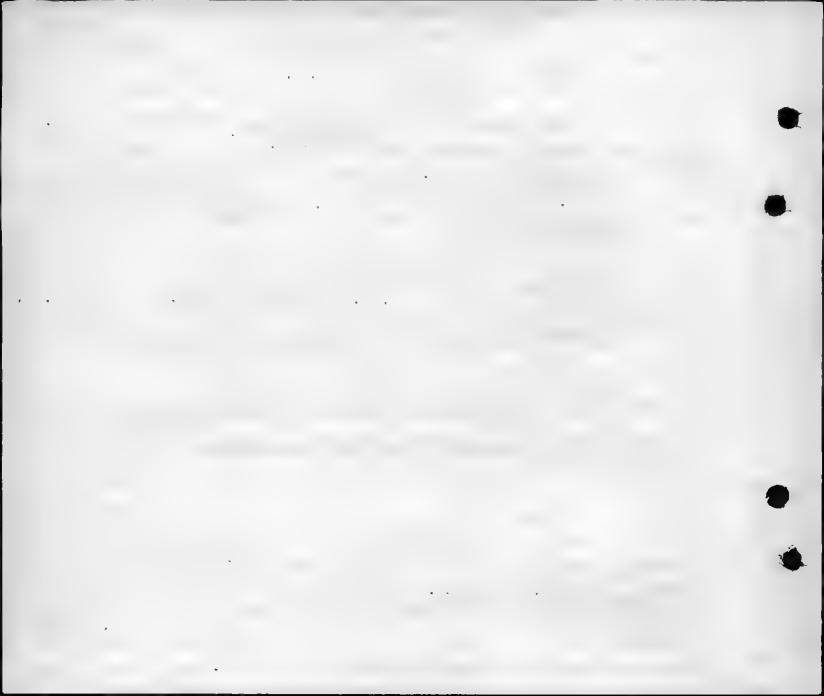
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24a, REC'D BY REGISTRAR

Crematorium

24b. REGISTRAR'S SIGNATURE Critury S. Hears

Washington



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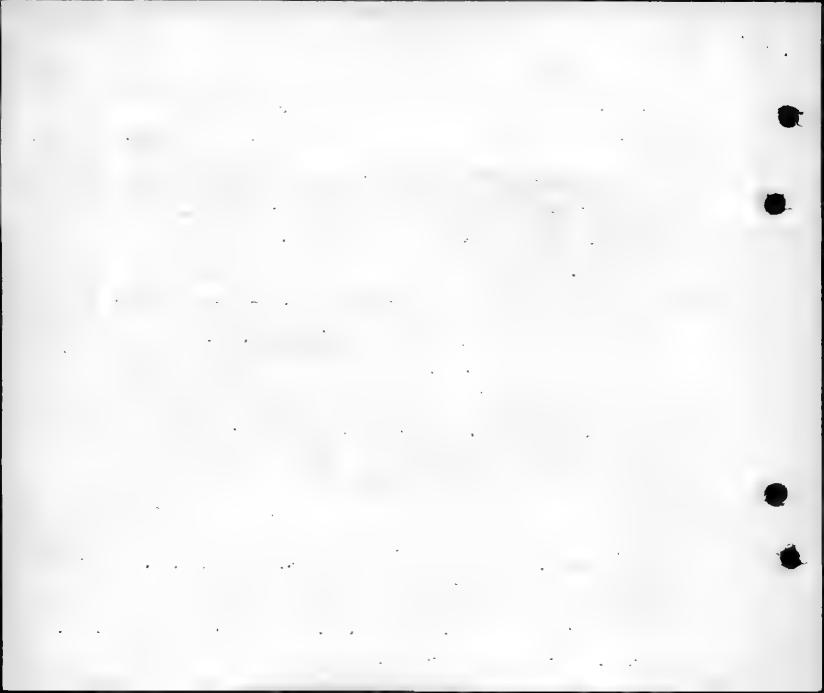
director.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06881

6916 CERTIFICATE OF DEATH

b. COUNTY Montgomery b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4204 Stanford Street Now Decay Chase d. STREET ADDRESS 4204 Stanford Street Now Death LILLIAN MAY MOORE The Maryland Day Year Decay Chase d. STREET ADDRESS 4. DATE Month Day Year Decay Chase Now Death Down Home No Death No Dea
RURAL and give necrest town) Chevy Chase d. NAME OF HOSPITAL (If not in haspitol. give street address) OR INSTITUTION 4204 Stanford Street 3 NAME OF DECEASED (Type or print) LILLIAN MAY MOORE 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED MArch 12, 1874 Female White WIDOWED M DIVORCED MArch 12, 1874 Female William K. Bowman 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE WILLIAM K. BOWMAN 13. FATHER'S NAME WILLIAM K. BOWMAN 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (If so Social SECURITY NO. INFORMANT NO 18. CAUSE OF DEATH (Enter only one couse per line [gf] (o), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) March 12 Mar
Chevy Chase d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 4204 Stanford Street 3. NAME OF BECEASED (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED Morced March 12, 1874 85 birthday 12, CITIZEN OF WHATCOUNTRY? BY HOUSEWIFE WIDOWED WIDOWED WINDERS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. NONe N
OR INSTITUTION 4204 Stanford Street 4204 Stanford Street 3. NAME OF DECEASED (Type or print) LILLIAN MAY MOORE Female 4. DATE OF DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Widowed 7. Married Never Married 8. DATE OF BIRTH Female White Widowed 7. Married Never Married Never Married 100. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) HOUSEWIFE 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Own Home Penna. 11. MOTHER'S MAIDEN NAME William K. Bowman 12. CITIZEN OF WHAT COUNTRY? WIS NO 13. FATHER'S NAME William K. Bowman 14. MOTHER'S MAIDEN NAME Ida Creamer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Toka, no, or unknown) NO 18. CAUSE OF DEATH (Enter only one couse per line fof (o), (b), and (c)), More Bowman H. Moore—son—same as 2d INTERNAL BETWEEN ONSET AND DEATH ONSET AND D
4204 Stanford Street 4204 Stanford Street YES NOW NOW NOW 13 NAME OF DECEASED (Type or print) LILLIAN MAY MOORE S SEX 6. COLOR OR RACE White WIDOWED DECEASED (Type or print) 100. USUAL OCCUPATION (Give kind of work done dour of working life, even if refired) HOUSEWIFE William K. BOWMAN 13. FATHER'S NAME William K. BOWMAN 15. WAS DECEASEDEVER IN U S. ARMED FORCES? (Type, no, or unknown) NO 16. SOCIAL SECURITY NO. None BOWMAN H MOORE 16. SOCIAL SECURITY NO. None BOWMAN H MOORE 17. MARRIED NEVER MARRIED BOWMAN H MOORE BOWM
3 NAME OF DECEASED (Type or print) ILILIAN MAY MOORE S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED March 12,1874 9. AGE (In years latberthday) Maghis 60 yr Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Own Home Own Home
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (In years left highly life, even if refired) NO NO NO NO NO NO NO N
S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years part birthdoy) 85 yrs Mg hs
Female White WIDOWED DE DIVORCED March 12,1874 85 yrs Moshs By Hours Min. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE OWN Home Penna. 11. 8IRTHPLACE (State or foreign country) Penna. 12. CITIZEN OF WHAT COUNTRY? US 13. FATHER'S NAME WILLIAM K. BOWMAN 14. MOTHER'S MAIDEN NAME Tala Creamer 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. None Bowman H Moore—son—same as 2d 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LIMITERVAL BETWEEN ONSET AND DEATH STATE OF THE PROPERTY OF WHAT COUNTRY? WITH MARCH AND DEATH
during most of working life, even if refired) HOUSEWIFE OWN Home Penna. US 13. FATHER'S NAME William K. Bowman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. None NO
Housewife Own Home Penna. 13. FATHER'S NAME William K. Bowman Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yos. no. or unknown) (If yos. give wor or dottes of service) None 18. CAUSE OF DEATH [Enter only one couse per line [st] (o), (b), and (c), part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UNTERVAL BETWEEN ONSET AND DEATH Conditions, if ony, which) (b) Also have few august (b) Also have few august (b) Also have few august (c) 422 +
William K. Bowman Is. WAS DECEASEDEVER IN U. S. ARMED FORCES? Id. SOCIAL SECURITY NO. INFORMANT NO
18. CAUSE OF DEATH [Enter only one couse per line to (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which) (b) After here a service) Informant None INFORMANT Address Bowman H Moore—son—same as 2d INTERVAL BETWEEN ONSET AND DEATH Solve of the service of t
18. CAUSE OF DEATH [Enter only one couse per line tot (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which } (b) After here a constant for a co
18. CAUSE OF DEATH [Enter only one couse per line (pt) (o), (b), and (c)). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b) After here a some as 2d INTERVAL BETWEEN ONSET AND DEATH STORY (b) After here a some as 2d INTERVAL BETWEEN ONSET AND DEATH (c) 44 + X DUE TO Conditions, if ony, which) (b) After here a some as 2d
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conference Set Exactive Heart Survives ONSET AND DEATH S-4/20 Conditions, if ony, which) (b) Afra here few associations (b) 42 +
DUE TO Ving cause (o), stoting the under DUE TO Ving cause lost. (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAR DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Idem 18) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Idem 18) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, locally of twork of two
21. I certify that I attended the deceased from 12 ag , 1946, to John 17, 1957 that I last saw the deceased
alive on 6-13-19.59, and that death accurred at 6 mm, from the causes and an the date stated abave. ACTUAL SIGNATURE George R. Huffman M.D. 1912 R. Street, N. W. 6/17/59 PHYSICIAN'S NAME (Type)
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slate)
Burial 6/19/59 Ft. Lincoln Cem. Prince George Co. Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Maryland DATE JUN 19 59 Outlin & Krouns



deoth



eath. Page 4

IENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After the principle of the attending physician page 3 should be detached far at the burial-transit permit. Then please remove can the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after the registrar prior to be a second to be

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6918 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

06883 Dam Dies Me

				Kaā' r	7131, 140,
1. PLACE OF DEATH COUNTY Frontgome:	ry	MARYLAND	2 USUAL RESIDENCE (Who STATE District o	f Columbia	ance before admission)
b. CITY OR TOWN (I RURAL and give no	f autside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside corporate limits, write RURAL and	give nearest town)
Bethesda	arear rarring	43 days	Washington	47× 3	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
	ical Center, Be	thesda 14, Md.	4007 Conne	cticut Avenue, N.	7.7
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Doy Year
(Type ar print)	Marion	(None)	Brooks	DEATH June	3, 1959
5. SEX	6. COLOR OR RACE 7. MARE	RIED 🗌 NEVER MARRIED 📝	B. DATE OF BIRTH	9. AGE (In years IF UNDE last pirthday) Manths	R 1 YEAR IF UNDER 24 HRS.
Female	White WIDOW!		15 March 1902	57 yrs	Doys Hours Min
10a. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b. sing life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Stole of	ar fareign country) 12. C	ITIZEN OF WHAT COUNTRY
becrevar	y Fi	nance Corporat	ioh New	York	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
Francis :	Brooks		Mary McArd		
	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17. I	NFORMANT The Med	ical Record Address	
No	5	78-36-0347 Th	e Clinical Ce	nter, Bethesda 14,	Maryland
	TH [Enter only one cause per li	ne far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	vogvessive	vespiratory	faiture	ONSET AND DEATH
170X	DUE TO		7		7
Canditians, if a	ny, which) the M	e to static	Carcinoma	of Breast	9405
gave rise to in cause (a), stating					
lying couse last.	(c)				
PART II. OTH		ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION GIVEN IN PA	RT I(o) 19. WAS AUTOPSY
PART II. OTH					PERFORMED?
	S UNDERLYING 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	art f or Part II of item 18.)	
20c. TIME OF INJUR	Y Manth, Day, Year 20d. If	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form,	20f. (City or town)	(County) (Slote)
20c. TIME OF INJURY Haur a. m.	ty While		ctary, street, affice bldg , etc.		
	at I attended the deceas	April 21	159 . ปัน	ne 3 1059 15-11	last saw the deceased
glive an Jun			'/ 'Y		last saw the decease
dilve dil	1	and that death		M, fram the causes and on DDRESS (Street, city ar town, state)	the date stated above DATE SIGNE
ACTUAL V	Kirking DK	1 Mars	The Clinic		6-3-50
SIGNATURE	recovery v	1	M D	nstitutes of Healt	V J J J J
PHYSICIAN'S TO NAME (Type)	ichard H. Moy.	M. D.		4. Maryland	***
230. BURIAL, CREMATION		22c. NAME OF CEMETERY O		22d. LOCATION (City town, or county)	101-1-1
Burial Specify	6/6/1959		Cemetery	Fredericksburg	(State)
23. FUMERAL DIRECTOR'S		ADDRESS		BY REGISTRAR 24b. REGISTRAR'S S	
(lool 1		56 Pa. Ave.N			
11 11 11 11 11 11 11 11 11	#11 / U / / W/ OM/ #" . 1		- LUNIE WILL	11 - 0.0	



VS A15 (4) 15M 10/57

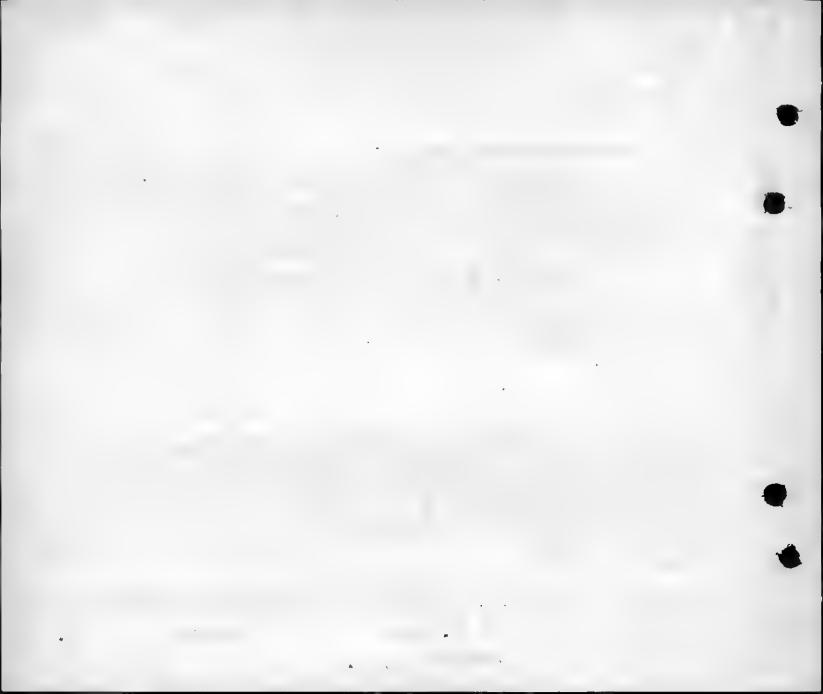
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116884

6919 CERTIFICATE OF DEATH

		- 11	U	Ö	O	5
Reg.	Dist.	No.				

1	PLACE OF DEATH a. COUNTY				4.500	2. USUAL RESI	DENCE (W)	nere deceased	lived. If institute		ce before	odmissi	ion)
_		tgomery		MARYLA			Maryla			Mon	tgom		
	b. CITY OR TOWN (II RURAL and give ne	f outside carparate limi arest town)	ts, write	c. LENGTH OF STAY IN	16	c CITY OR	TOWN (If o	outside corpor	ote limits, write R	URAL and	give neor	est lown)
L		Olney		18 days		X	Brook	kevill	9				
	OR INSTITUTION	AL (If not in hospital, g	ive street i	oddress)		d. STREET A	DDRESS				e	IS RESI	DENCE FARM?
-	ontgomery	County Gen	eral	Hospital, I	ne.								NO X
3.	NAME OF DECEASED	Fir	31	Middle		Las	ł	4. DATE	Mar	ilh	Day	Υ	'ear
	(Type or print)		ulah		uis			DEATH	6.	11.		1	9 59
5.	SEX	6. COLOR OR RACE	7 MARR	IED 🗷 NEVER MARRIED		B. DATE OF BIRT	Н		P. AGE (In years			F UNDE	R 24 HRS.
L	Female	White	WIDOWE	DIVORCED		12.18	.81		lost birthday)	Manths	Days	Haurs	Min
100	. USUAL OCCUPATIO	N (Give kind of work o	lane 10b	KIND OF BUSINESS OR	INDU:	STRY 11. BIRTHPL	ACE (Stole	or foreign co	untry)	12 CIT	IZEN OF	WHAT	COUNTRY?
	-	asewife	'			Mar	v and				U.	S. A	
13.	FATHER'S NAME		-			14. MOTHER'S	/	NAME					
		Charle	s A.	Gartrell		V-	irgini	ia Gro	oms				
15.	WAS DECEASED EVER		CES? 16	The second secon	17. II	NFORMANT			Add	ress			
l'"	s. no. or smillown)	it yes, give war or dates or u	Brarcel			Hosp	ital 1	Record	S				
F	18. CAUSE OF DEA	TH Enter anly one co	use per lijn	e for (o), (b) and (c).)							INTER	VAL BET	TWIFN
	PART I. DEA	TH WAS CAUSED BY:		elo ticer	~~	ia,						TAND	
		DUE TO	A	12.	0	1 4	- 4		1-94				
	Canditions, if ar	y, which) th	100	all per	Ple	m. Mh	rilin	w	ill.	nuch	nay	w_	
	gove rise to in couse (o), stoting (al	10		2 /	^	1			- 0 -		
_	lying cause last. (c) Mosters - all the newlessing Clyridis												
Ö	PART II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH	BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN INPAR	T 1(o) 19	, WAS A	UTOPSY PMED2
Σ		Dulle UL	al	Brown	- 0	hop	nec	in	price	-	1	YES 🎇	
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URREC	D. (Enler nature o	f injury in f	Port I or Port	ll of ilem 18.)				
	20c. TIME OF INJURY	Manth, Day, Yes	or 20d. IN	JURY OCCURRED 20	le. PL/	ACE OF INJURY (Home, form	20f ICibe	or town!	11	County)		(Stole)
MEDICAL	Haur a.m.	19	While	Not while of work	fac	ctory, street, office	bidg , etc.		a rown,	(1	.comy;	•	(310:6)
	21. I certify the	ot I attended the	decease	ed from 5/1	/	. 1958	ta	6/11/	10.55	_that	lort ro	u tha c	decoared
	alive on Ex	110	. 19.5		eath	accurred at	8:45	a M from					
į –		board		7,-,-	00111	0			eet, city ar town,		ic duit		TE SIGNED
	SIGNATURE	VIYY 2	11			un 5	an	day &	12-1			6/1	1/5-9
		U				W.D			f			/	J
	PHYSICIAN'S NAME (Type)	W Bird	Мт				S	andv S	pring, M	ໂຄການປິດ	nd		
220	BURIAL, CREMATION	N, 226 DATE THEREO	F	22c. NAME OF CEMETE	RY OI	R CREMATORY			ON (City, town,			(State	1
	Burial	June 1	3	Mt. Car					shine	20011171		Md	
23.	EMPERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'I	D BY REGISTR		STRAR'S SIC	SNATURE		
	They he	- Olonbe	La	*tensvill	Э,	Md.	DATE JL	JN 1 5 '5	9 a	rthur S.	tran	A	



6920 **CERTIFICATE OF DEATH**

06885

					Xeg.	DIST. No. ZIJ
PLACE OF DEATH			2 USUAL RESIDENCE (Who STATE			
Montgomery		MARYLAND	Utah	Ś	alt Lake	City
b. CITY OR TOWN (If auts RURAL and give nearest		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporate lin	nits, write RURAL on	d give nearest fown)
- 11 - 1-	ral)	68 days	Salt Lake	City	. 7. 2.	
d. NAME OF HOSPITAL (IF	nat in haspital give street	address)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
U. S. Naval	Hospital		930 W. Nor	th Temple		YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	James	William	BROWN	DEATH	June	23 1959
SEX 6. C	OLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (in years IF UND birthday) Months	ER 1 YEAR IF UNDER 24 HR
Male Ca	ucasian WIDOW	ED DIVORCED	7-18-23		35 yrs	Lidys Hours Min.
a. USUAL OCCUPATION (G during most of working I	ive kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12.C	ITIZEN OF WHAT COUNTRY
Mariner		U. S. Navy	Colora	do		U.S.A.
, FATHER'S NAME	•	-	14. MOTHER'S MAIDEN N	IAME		
Foster BROWN			Estella RE	ESE		
S, WAS DECEASED EVER IN 1	give wor or dates of service)		NFORMANT		Address	
Yes 7/4	1 to DOD 5	61-26-5416 (W) Mrs. Louella	a C. Brow	n, same a	s #2 above
Conditions, if any, we gove rise to immedicate (a), stating the waying cause lost.	diote (DUE TO	,	T APLASTI RADIATION	CANEL	MA GU	4 WEEKS
INTRE	15051515	WAST OR CAR K	Francis E	000	. (PERFORMED? YES Y NO
200. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED				MBRYONA	LCEL	_ its jt No [
(IF EITHER, NOTIFY MED	CAL EXAMINER)	ARCINOMA O	E 7 FST FS	OF	TEARS	DUKATION
20c. TIME OF INJURY M Haur a. m. p. m.	While		ACE OF INJURY (Hame, farm clary, street, affice bldg., etc.		rn)	(County) (State
21. I certify that I	attended the deceas	sed from March 27	, 19 59, ta J	une_23	, 19.59that I	last saw the decease
alive an June	22 , 19	59_ and that death	accurred at 5:45A	M, fram the c		he date stated abav
ACTUAL SIGNATURE	J'Caldu	rell,		al Hospit		6/23/59
PHYSICIAN'S NAME (Type) F .	S. Caldwell,	LT, MC, USN	Bethesda,	Md.		
	2b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town or county	r) (Stote)
REMOVAL (Specify) Burial-Shipmen	t 6-28-59	Army Cemete	ry	Fort De	ouglas	Utah
3. FUNERALLDIRECTOR'S SIG		ADDRESS	24a. REC'	BY REGISTRAR	24b. REGISTRAR'S	
Adama Funera		Wisc. Ave. NW. We	chington par J	N 2 9 '59	arthur.	S. Three

Page 4

by filled in by the funeral director, Pages 1 and 2 should be filed with within 24 haurs a

certificate has been signed by the attending physician and cam after death. page 3 should be detached for use as the burial-tronsit permit. Then please remove, the registrar prior to burial, crematian, ar removal, and in any event within 72 hay's

PHYSICIAN: The law requires that the death certificate be executed ottending physician. may be retained by the hasp TO FUNERAL DIRECTOR: After TO HOSPITAL O

VS A1S (4) 1SM 9/58



VS A1S (4) 15M 9/S5 7.1

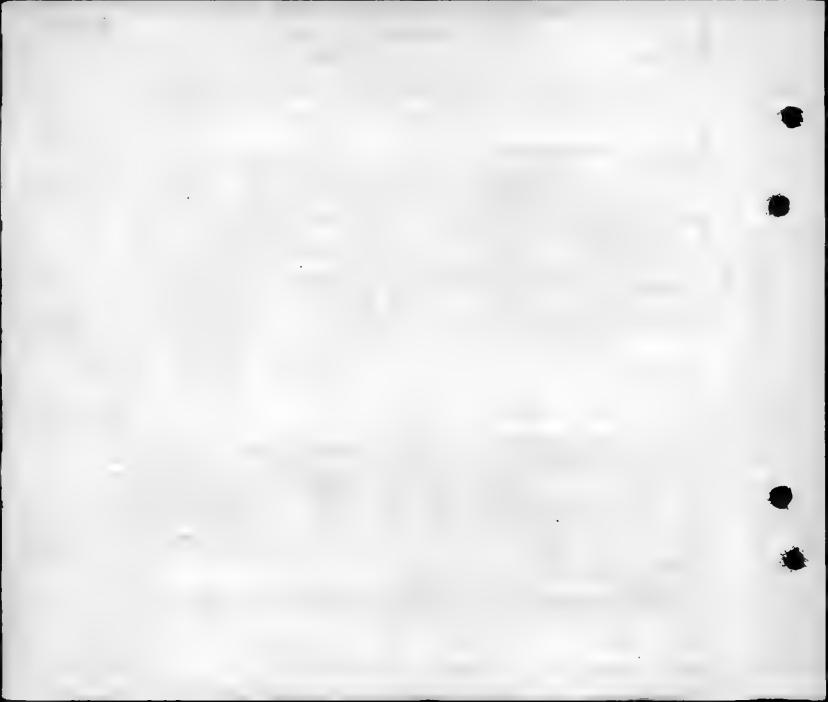
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6875 CERTIFICATE OF DEATH

06886

L		Kog, L	Dist. No.
	n. PLACE OF DEATH O. COUNTY Maryland MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Reside	ence before admission)
	b. CITY OR TOWN (If outside corporate limits, write denoted of STAY IN 16 RURAL and give nearest town) Takema ark	c. CITY OR TOWN (If outside corporate limits, write RURAL one	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washington San & Hospital	1300 Lermont Ae N.	IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Name OF DECEASED (Type or print) Name OF DECEASED (Type or print) Middle Lee	Bunch 4. DATE Month OF DEATH	Doy Yeor 2/ 1959
	female White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years lift UND) Months 15 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	R 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU during most of working life, even il retired)		ITIZEN OF WHAT COUNTRY
	James Chandler	14. MOTHER'S MAIDEN NAME	
ŀ	Yas, no or unknown) (If yas, give wor or date of service)	INFORMANT Address USband of old 111.5 H	Records
	18. CAUSE OF DEATH [Enter only ane couse per line far (a), (b), and (c)] PART I DEATH WAS CAUSED 8Y. IMMEDIATE CAUSE (a)	le elessain'	INTERVAL BETWEEN ONSET AND DEATH
l	Conditions, If ony, which) But to the Bey Muyoran	detra livario	1/7/59.
	gove rise to immediate couse (a), stating the under- lying couse lost.	ulmia -	
١	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Thomas meerican - leftler	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
- 1	OR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	ED (Enter nature of injury in Port I or Port II of item 18.)	
		LACE OF INJURY (Home, farm, 20f (City or fawn) actory, street, affice bldg., etc.)	(County) (State)
	21. I certify that 1 ottended the deceased from 1/2/1	03:0/	l last saw the decease
	ACTUAL Howard Thurs	ADDRESS (Street, city or lown, state) M.D. 7030 Carroel Col	DATE SIGNE
	PHYSICIAN'S NAME (Type)	Takon Parky Ind)
	220. EUNIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERS OF	OR CREMATORY 22d. LOCATION (City, town, or county UCOLINEM HYATTS VILLE.	M State)
	23. FUNERAL DIRECTOR'S SIGNATURE EJULILLEN JEWY HOW 4719 91	24d. REC'D BY REGISTRAR 24b REGISTRAR'S S DATE IN 2 4 '59 Crithy &	



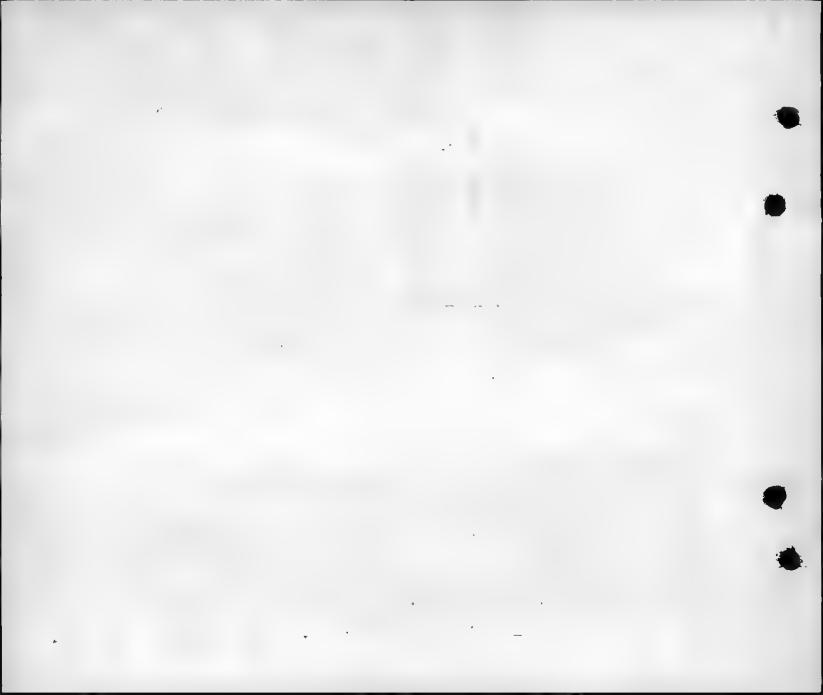
Reg. Dist. No.

		MACE OF DEATH a. COUNTY MONTGOMERY	MARYLAND	2 USUAL RESIDENCE (W o. STATE MARYLAND	here deceased	lived. If institute b. COUNTY MON	an: Resider	R Y	e odmis	ion)
	_	b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carpori	ate limits, write R	URAL and	give nea	rest low	n)
•		RURAL and give nearest lawn) OLNEY	10 DAYS		ANDY SE			_		
,		d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS					e, IS RES	IDENCE
7		MONTGOMERY COUNTY GENERAL	. Hosp.							FARM?
	3.	NAME OF First	Middle	last	4. DATE	Man	ih	Do	v	Yeor
		DECEASED (Type or print) CLIFTON	WALTER	Burriss	OF DEATH	Ju		21		19 59
	5. :	SEX 6. COLOR OR RACE 7 MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	1	AGE (In years	IF UNDER	1 YEAR		ER 24 HRS
		MALE WHITE WIDOWS	ED DIVORCED	1/27/12		lost birthdoy) 47 yrs	Months	Doys	Hours	Min
1	10a	USUAL OCCUPATION (Give kind of wark done 10b. during most of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote	or fareign ca	intry)	12 CI	TIZEN O	F WHAT	COUNTRY
		GAS STATION ATTENDENT		MARYLAND USA						
	13.	FATHER'S NAME		14 MOTHER'S MAIDEN I	NAME					
		FRANK WALTER BURRISS		NoRAELLE	N BURR	\$\$				
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In no or unknown) [If yet, give wor or dates of service]		NFORMANT		Add	ress			
		No 21	4-0399091	HOSPITAL RE	CORDS	0	LNEY,	Mo.		
		18 CAUSE OF DEATH [Enler only one couse per lin	ne for (a), (b), and (c).]		0	Λ	1	INTE	RVAL BE	TWEEN
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	morehad	From es	oute	una 16	bry	ONS	ET AND	DONIH
		C 27/ DUE TO		/	/			4	#_H_	
		Canditians, if any, which	urleans	of Time				14	ul	011
		gave rise to immediate cause (p), stating the under-	7 , 11	1000	,				0	
	_	lying couse last. (c)	rance al	dallalis	me			w	uli	4
à	õ	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERM	INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 1	PEREC	AUTOPSY RMED'
	2								YES	
	CERTIFICATION	OR CONTRIBUTING LE CAUSE OF DEATH !	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part	11 of item 18.)				
		(IF EITHER, NOTIFY MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. It	Not while 20e. PL	ACE OF INJURY (Home, form clory, street, office bldg., etc.	n, 20f. (City i	or lawn)	l'	County)		(Stale)
	ME		k at work			_				
		21. I certify that I attended the decease	ed fram Deme	14, 1959, 10	house	24795	that I	last sa	w the	decease
		alive an 2000 24, 190	5_9, and that death	accurred at 4.40		the causes a				
) 1			et, cily or town,		Λ	101	ATE SIGNE
1		SIGNATURE STUDIES TOLK	Josewan	M.D. Nolls	will	C	no	1.	0/2	4/59
		PHYSICIAN'S					,			
	-	NAME (Type) ARTHUR F. WOODW		Rocky	ILLE 1	ARYLAND		6/	24/5	59
	22a	BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY O		_	ON (City, town, o	or county)		(State	e)
	12	Urial June 27 -59	Brookevill			kevill	e		M	d
	23/	PHINERAL DIRECTOR'S SIGNATURE	Laytonsvill		D BY REGISTR		STRAR'S SK Izithun		_	
	1	TO-L TO CONT	TEN COMPANY	.C. Md DATE	MAII A		- Consider	a_1 , $r = r$	-	

teral director, be (jled with TENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours of moy be retained he hospital or attending physician.

TO FUNERAL DIRECTOR: After the rifficate has been signed by the attending physician and camp page 3 should be detached far as the burial-transit permit. Then please remave carban paper the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death. V\$ A15 (4) 15M 10/57

XQ 31



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6876 **CERTIFICATE OF DEATH** With PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY filed o. STATE **b.** COUNTY MARYLAND -a-ameri nrainia b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRÉSS OR INSTITUTION NAME OF Middle 4. DATE DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) WIDOWED I DIVORCED | yrs. executed 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) puo g. MOUSE (1) 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 80 20c, TIME OF INJURY Month, 20e. PLACE OF INJURY fHome, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED Not while factory, street, office blda., etc.) Hour o. m. While al work 21. I certify that I attended the deceased from and that death occurred at/2-443/TM, from the causes and on the date stated above. ACTUAL SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

240 REC'D BY REGISTRAR

e. IS RESIDENCE ON A FARM? YES NO Month Yeor 19 5 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 12 CITIZEN OF WHAT COUNTRY? 4,5,4. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES DO NO (County) (Stote) June 20, 1959, that I last saw the deceased DATE SIGNED 22d. LOCATION [City, lown, or county) (State) 246 REGISTRAR'S SIGNATURE

06888

Reg. Dist. No.

page 0 VS A15 (4) 15M 10/57

FUNERAL

should

PHYSICIAN'S

NAME (Type) 270. BURIAL, CREMAT ON,

REMOVAT (Specify)



+ (·e)		Weight - 3lb 112 6922 CERTIFIC	ATE OF DEATH	(10881) Reg. Dist. No.
direction with	1.	COUNT OF TRANSPORT MARYLAND	2. USUAL RESIDENCE (Where deceased lived o STATE	if institution. Residence before admission)
to la be ad be		CITY OR TOWN (Coursed corporate limits, write RURAY and give negrest town).	c CITY OR TOWN If outside corporate lin	ails, write RURAL and give nearest town)
by the		S. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION The both the street of	d. STREET ADDRESS	They Place on a FARM? YES NO I
filled in ges 1 ar		NAME OF First Middle DECEASED Type or print)	USSINK 4. DATE OF DEATH	Whith Day Year
ers. Pop	5.	MALE WIDOWED DIVORCED	JUNE 10 ,459	E (In years IF UNDER 1 YEAR IF UNDER 14 HRS birthday) Manths Doys Hours Min
and camp		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	MARYLAND	12. CITIZEN OF WHAT COUNTRY
sician a	L	Cobut FRANCIS BUSSINK	14. MOTHER'S MAIDEN NAME BENETIHA DY	nosia AUTH
th certify ding physics remons 72 ha		WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	INFORMANT FATH	Address BK
the dear e attencien plea nt with		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)		INTERVAL BETWEEN ONSET AND DEATH
es that ad by th mit. Th any eve		gove rise to immediate	athlectasis	
requir	z	couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	rity:	DITON CAICHIN BART VAN 18 WAS AUTOSCH
The law a physic has be urial-tra emaval,	FICATION		ED (Enter nature of injury in Port I or Port II of it	DITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO
ifficate by ar re	AL CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Home, form, 120f. (City or tow	
G PHYS	MEDICAL	Hour o m. p. m. 19 While Not while of work of work	octory, street, office bldg., etc.}	
ENDINA he hasp iR: After ached f burial,		21. I certify that I attended the deceased from Quality alive on 1937 (1, and that dea	h occurred ot 3 ALM, from the c	
or ined by black of black of black of be det prior to		ACTUAL SIGNATURE ACTUAL S. Stauton.	MD. 809 Viers half	ity or town, stole) Ned Rochards ATE SIGNE
retai RAL shaul	720	PHYSICIAN'S JAMES S STANTON MY		
TO HOSP may be ro FUNEI page 3 the regi	1	REMOVAL (Specify) / 11 Page 1	7 60	City, townor county) (State) (
VS A15 (4) 15M 9/58		transis, Kollina 3821-14 \$ Sr. Nw. Wx		Orthun S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

see the second of the second of the section of the section of 100 / His iding is a 1 1146 c 151 time from a Mart servis Borent 122, The Hope sing the ex and the second second

Holy Cross Cemetery.

Hethesda, Md.

Malden.

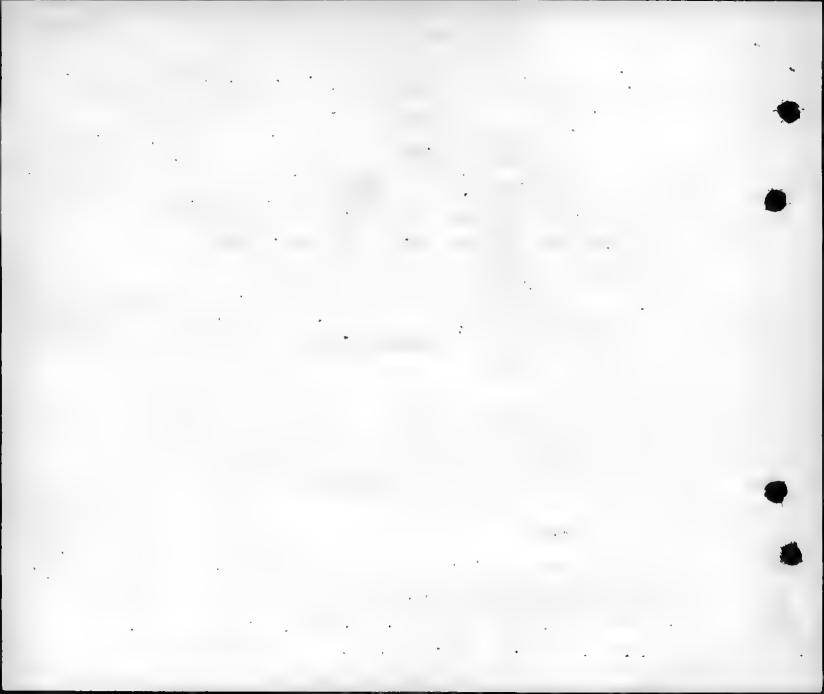
24g, REC'D BY REGISTRAR DATE JUN 1 9 '59

Mass.

24b. REGISTRAR'S SIGNATURE

Orthur S. Thousa

Вu may be retained of FUNERAL DIRECTOR PAGE 3 should be 0 VS A15 (4) ISM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06891 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY Filed 1 b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) DEATH 195 ennno 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER TYEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Days Min. . male DIVORCED | WIDOWED [7] a yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during-most of working life, eyen if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 2 2 1741 1 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per ling for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(D) AUTOPSY WAS PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) 0. D While Not while ot work 📑 at work p. m. 21. I cortify that I attended the deceased from Lithat I last saw the deceased and that death occurred at 7 50 pm, from the causes and on the date stated above. alive on ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE DIRE should gistror PHYSICIAN'S NAME (Type) FUNER 22g. BUR.AL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS A15 (4) DATE 15M 9/55



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6925 CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Montgomery MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. SIAIE Waryland iviontgomery
b. City OR TOWN (If outside corporate limits, write RLRAL and give nearest town) Chevy Chase	
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
3712 Kenilworth Drive	3712 Kenilworth Drive YES □ NO K
3 NAME OF DECEASED (Type or print) EDITH First M. CA	AREY AREY AREY AREY AREA Anoth Month Day Year 19 59
S. SEX Female 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	T - Quit of a long of a long of the long o
10a. USUAL OCCUPATION (Give kind of work done during mast af working life, even if retired)	DY YZI-
Housewife Own Ho	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
? Cleland	Ellen ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (for, no, or unknown) 1 (If yes, give wor or dates of service)	. INFORMANT Address
(fex, no, or unknown) (If yes, give war or dates of service) None	Willard F. Carey-Item# 2
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
153.8 DUE TO	And the Control
Conditions, if ony, which) the Clarcener	ma 7 Calor
gave rise to immediate DUE TO	
lying couse lost. (c)	C .
_	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	PERFORMED? YES \(\begin{array}{ccc} \text{ NO } \end{array} \)
	CCURRED (Enter noture of injury in Part I or Port II of item 18)
T 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED	20e PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 at work at work	factory, street, office bldg., etc.)
21. I certify that I attended the deceased from	(27, 19) 9 to 6/2/19 J. That I last saw the deceased
	death occurred at 5.55 P.M. from the causes and on the date stated above.
	ADDRESS (Street, city or lown, state) DATE SIGNED
ACTUAL SIGNATURE 2 . The state of the state	M.D.
PHYSICIAN'S W. T. Jose 8106 Maple	Ridge Avenue, Bethesda, Md.
	r Cemetery Rockville, Maryland (Stote)
23 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY Bethesd	1240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE JUN 8 '59 College & House



VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6926 certificate of death

06893

		COUNTY	Word		MARYLANI	- CTATE	ENCE (Where deceose arvland	ed fived. If institution b. COUNTY	Residence before of Montgomer	
	<u></u> -	CITY OF TOUR	Montgomery				•			-
	1	RURAL and give	(If outside corporate lin nearest tawn)	nifs, write c. LE	NGTH OF STAY IN 11	0.1		orole limits, write RUR	AL and give neares	t town)
	LB	ethesda	KARKY IXXII				ockville		1	
,	١ _	OR INSTITUTION	ITAL (If not in haspital,	give street addres	3)	d. STREET A			0, 1	ON A FARM?
-	S	uburban				/ B	ox 53		Y	ES NO
	3. [NAME OF DECEASED		irst	Middle	Los	4. DATE	Month	Doy	Year
		Type ar print)	Cla		0	Carlisle	DEATH	June	8	19 59
	5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTI	1	E	UNDER 1 YEAR IF	1
		<i>7</i> // .	W	WIDOWED	DIVORCED	2-17	- 94	/ 5	4 21	ours Min.
	10α	USUAL OCCUPAT	ION (Give kind of work orking life, even if retire	done 10b KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTHPL	ACE (State or foreign	country)	12. CITIZEN OF WI	HAT COUNTRY?
		ande	2/0/2_	Roll	Zin Reals	ed M	arvland		US	
	13	EATHER'S NAME	0 1	. 1	1	14. MOTHER'S				
•		Tame	(BAV)	alo:			0 77 70 77			
	15	WAS DECEASED EN	ER IN U. S ARMED FO		AL SECURITY NO	INFORMANT		Address	. (1	/1/
	7103	210	(if yes, give wor or ownes or		-01-7884/	Faunie	4. 6	anderla-	Jami	c-luk
		18 CAUSE OF D	EATH [Enter only one of	ouse per line for	(a), (b), and (c).]					AL BETWEEN
		PART I. DE	ATH WAS CAUSED BY:		Imais 0	y the 1	Da Alex	anlow	ONSET	AND DEATH
		4 . 4	DUE TO		ACQ (4		3		
		Conditions, if	and which \	An.	5.2 el 1	calenda	a Cor an			
		gove rise lo	immediate (b) CLACM	oung in			•		
		couse (a), stating	B the nuger-	a Hupe	Mensine	cardin-	mache	. disea	- 0	
	z	PART IT O	THER SIGNIFICANT CO	NOITIONS CONTR	IBLTING TO DEATH E				N PART 1(a) 19 1	WAS AUTOPSY
^	CATION	an	terifacoc	Perosio	of the	pedure				PERFORMED?
	CERTIF	20a ACCIDENT VIOR CONTRIBUTION	VAS UNDERLYING GOOD CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE	HOW)INJURY OCCUR	RRED. (Enter nature o	injury in Port I ar Po	irt If of item 18.)		
		20c. TIME OF INJU			OCCUPPED 200	PLACE OF INJURY (domo form 1206 (C)	ty or town)	(County)	(State)
	MEDICAL	Hour o. m	, .	While I	Not while	factory, street, affice		iy di idwii)	(County)	(sidie)
	2	p. m	. 19	al work a	at work		1 1 = 1	,		
		21. I certify that I attended the deceased fram. 6 / 7, 1959, to 6 / 8, 1959 that I lost sow the deceased								
		alive on	6/-8	, 125-9	, and that dea	oth occurred at_		the causes and		
		ACTUAL	6/20.		11111		ADDRESS	Street, city or town, sto	ite)	DATE SIGNED
		SIGNATURE	11 -100		STAMIL	M.D				1-101.29
1		PHYSICIAN'S	Robert	coung	0 0 .0	0	+11.	mai	d	
4	70	NAME (Type)	7 / 70 10		yrea	<u>~</u>	Laires	W.V.		
	220	BURIAL, CREMATI REMOVAL (Specif	u) s s	200	NAME OF CEMETERY OCKVILLE			AT ON (City, town, or kville, M.	county) iary land	(State)
	22	Burlal	1 1	*		Jemeret.				
		FUNERAL DIRECTO	_		ADDRESS	7 3	24a. REC'D BY REGIS		RAR'S SIGNATURE	
	K	obert A.	Pumphrey	peth	esda, Ma	ryland	DATE JUN 1 5	59 CAU	wy & Frank	

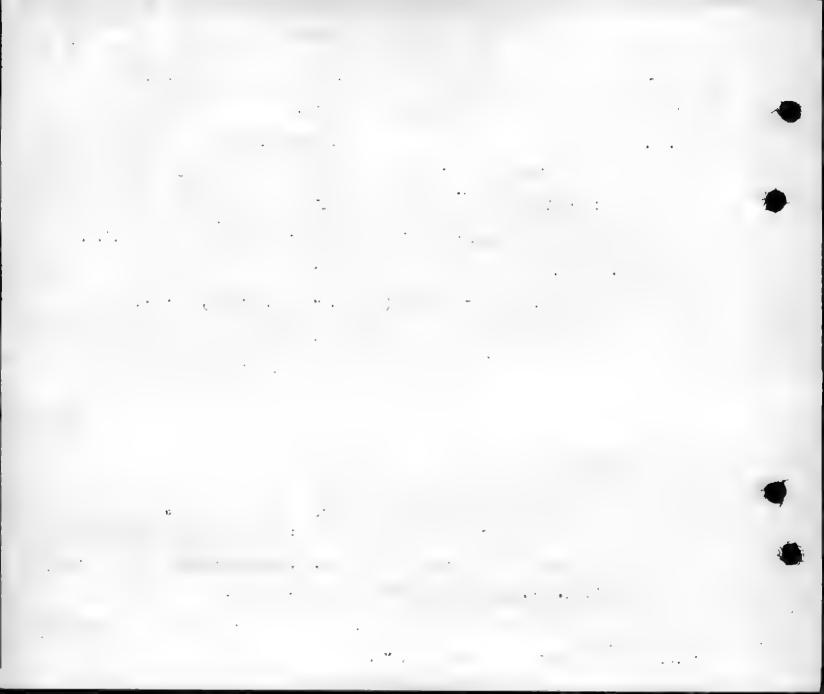


VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6927 **CERTIFICATE OF DEATH**

1	PLACE OF DEATH o. COUNTY Montgomer	У		MARY	LAND	2. USUAL RESID o. STATE Maryla	,	re deceosed	bcot	YTŊL	on. Residen	ce before	admiss	ion)
	b. CITY OR TOWN RURAL and give	(If outs'de corporate limi	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR T	OWN (If out	tside corpo	rote limits, w	rite R	URAL ond g	ive neare	est lawr	1)
	Bethesda	(Rural)		97 days		X Bethes								
1	OR INSTITUTION		live street oc	ddress)		d. STREET AL	DDRESS						ON A	FARM?
-	U. S. Nav	al Hospital				9525 M	lilste	ad Dr	ive				YES _	ио 🔀
	3. NAME OF DECEASED	Fir		Middle		Lost		4. DATE OF	_	Mon		Day		Yeor
	(Type or print)	Clar		Clifto		CARSO		DEATH		une		18		1959
	5. SEX	6 COLOR OR RACE				B. DATE OF BIRTH			9. AGE (In)	eors doy)	IF UNDER Months	$\overline{}$	Hours	R 24 HRS
	Male	Caucasian	WIDOWED			10-17-			54	yrs				
1	during most of wo	0a USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR IND during most of working life, even if retired)						r foreign c	ountry)			ZEN OF V		OUNTRY
	Watchmake	r	Me	erchandisi	ng	-	aware				U	S.A.		
4	13. FATHER'S NAME					14, MOTHER'S		AME						
	George W.				7	Annie	Jones							
	(Yes, no, or unknown)	ER IN U. S. ARMED FOR	ervice)	1 /		NFORMANT				Addi			V =	
	Yes	3/42 to 12/		7-34-6155	(W)	Mrs. Ru	iby B.	Cars	on, sa	me	as i	- Ad		
		ATH Enter only one co	4.	for (o), (b), and (c).]		_/	,							DEATH
		ATH WAS CAUSED BY. IMMEDIATE CAUSE (c	1 6	arcen	0-1-6	6 1000						کے	m	4-0
	162.1	DUE TO	-	7 /		,	1.		Pro-					
	Conditions, if		1	Storch	V-5	con	Can	am	y som ca					
	couse (o), stating	the under- DUE TO)											
	lying couse lost	_ / (-									- 1 10	24144	ALLITA BEV
5	PART II. O	THER SIGNIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMIN	IAL D SEAS	E CONDITIO	N GIY	EN IN PAR		PERFO	RMED?
7-	50- 400/00/00	AC UNIDERIVINO II	DOL DESCE	RIBE HOW INJURY OF	00110077	(5-1	: 1=1= P=	at Las Bas	4 II of Stom 11	D 1			YES	NO [
		/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	ZOD, DESCI	KIBE HOW INJURY OF	CCUKKEL	CENTER NOTURE OF	injury in re	or ror ror) II O) Isem II	0.;				
	Y 20c TIME OF INJU			JURY OCCURRED	20e. PL/	ACE OF INJURY (Fitory, street, office	Home, farm,	20f (City	or town)		(0	County)		(Stote
	Hour o.m.	10	While of work	Nat while at work	,,,,	, , , , , , , , , , , , , , , , , ,	brog , tre ,							
	21. I certify	hat I attended the	decease	d from March	13	19.59	, to Ju	ne 18		59.	that I la	st saw	the d	ecease
	alive an Ju		19.59			accurred at_								
			^	, ,					treet, city or					TE SIGNE
	ACTUAL	Sour Om	16.	Korn	د	м D. U.	S. Na	val H	ospita	1	_	6	5-19	-59_
1	PHYSICIAN'S	• -												
,	NAME (Type)	Douglas R.	KOTH	LT MC, U	SN	Bet	hesda	Md.						
	220. BURIAL, CREMATI		OF	22c. NAME OF CEME	TERY O	R CREMATORY	- 1	22d. LOCA	TION (City, to	own,	or county)		(Stot	e)
	Barra 1	11	59	Arlingto	n Na	tional		Arl	ington	1		Vil	gir	iia
(22 FUNERAL DIFFETO	R'S SGNATUGE		ADDRESS			24o. REC'D	BY REGIST	TRAR 24b	REGI	STRAR'S SIG	GNATURE		
	R.A. Pumphy	Av Funeral	Home.	Bethesda.	Md.		DATE SSEE	1001	50	CI.	1: 9	House		



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VDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ath: Page 4	haspital or gitending physician.	After the Princete has been signed by the attending physician and compiled in by the tokeral director,	thed far ways the burial-transit permit. Then please remays earban papers Tages 1 and 2 should be filled with	the state of the same of the same than the same of the
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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116895

				CER	TIFIC	ATI	E OF DI	EATH	1		Reg	g. Dist. N	. .			
1. PLACE OF DEATH o. COUNTY MARYLAND							2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. STATE b. COUNTY									
MONT GOMERY b. C.T.Y. OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN I						c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest town)									_	
RURAL and give nearest town)																
d. NAME OF HOSPITAL (If not in hospital, give street address)							A STREET ADDRESS Le IS PESIDENCE									
OR INSTITUTION MONTGOMERY COUNTY GENERAL HOSP.							d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NOXO									
3.	NAME OF	Firs			ddle		Lost		4. DATE		ionth		lay	Yeor	=	
DECEASED (Type or print)		.lı	Јони		ERNEST		CATO	N ID	OF DEATH	JUNE			22		9	
5.	SEX		. COLOR OR RACE 7. MARRIED			8. D/	DATE OF BIRTH			OUNE			1 YEAR IF UNDER 24 HRS			
	MALE	WHITE	WIDOWI		RCED	5	/2/00						Hours		_	
100 USUAL OCCUPATION (Give kind of work done) 106 KIND OF BUSINESS OF INDUSTRY 11 RIPTIPLE (State or foreign country)									T COUNTE	Y						
during most of working life, even if retired) GARDENER A. GUDE & SONS													USA			
13.	FATHER'S NAME	ODE O	JONS VIRGINIA						USA							
	EDWARD CA	A T C B								CON						
	WAS DECEASED EVER			SOCIAL SECURITY	NO. 17. I	NFOR	RMANT	na u	ENDER		ddress				_	
(A	er uo os nupuomu) (II	t yes, give war or dates of se	taice)		,	las	PITAL B	}erne	0.00	0	LNEV	. MAR	VI AN	n		
-	18. CAUSE OF DEAT	H [Enter only one cou	se per lir	e for (a), (b), and		100	FILAL	CECUN	i b a		LNET	-			-	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH															
	177X DUE TO DUE TO												6			
	Condition if any which										yeur					
	gove rise to immediate															
	couse (o), stating the <u>under-</u>															
ž	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY															
CATION				3,411.00.11.0	<u>DEXIII</u> DOI	1401	KEURIZU TO TI	TIE LEKWIII	ANE DISENSE	CONDITION	NAEW IN	I FAKI 1(0):	PERF	ORMED?		
CERTIES	200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Parl 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)															
7	20c. TIME OF INJURY	Month, Day, Yea	r 20d. IN	JURY OCCURRED	20e. PL	ACE C	OF INJURY (Ho	me, form,	20f. (City	or town)		(County		(State)	-	
MEDIC	Hour o.m.	Hour o. m. While Not while foctory, street, office bldg. etc.)										(20011)	,	(51016)		
~			-	7/2	My		- 57	0	<u>i</u>	7 7 7	- 6					
	1 7/1	it I attended the	decease			ofmiere e	., 19.24	7-1	his							
	alive on fund 2/., 19 9, and that death occurred at 24 a. M. fram the causes and an the date stated above															
	ACTUAL SIGNATURE Cach Actual (1907 town, stole) ACTUAL SIGNATURE Cach Actual (1907 town, stole) ACTUAL (1907 town, stole) DATE SIGNED												ED.			
	SIGNATURE	arrow	un	ny	M	M D.							6-1-2	-2:1	7.	
	PHYSICIAN'S NAME (Type)	JACK SCHUM	CHED	M. D.			Gas	*	SBURG	MARVI	AND					
224	- BURIAL, CREMATION			22c NAME OF C	TMFTERY O	p rpe		The state of the s		MARYL ION (City, town					-	
	REMOVAL (Specify)	June 25	A	Pit	2-4-2-	. ((V) +		i, or coul	my)	(SIo	1		
23.	FUNERAL DIRECTOR'S		1 110/	ADDRESS	, ED		12	An REC'D	BY REGISTI	RAR 24b. RF	GISTPAP	S SIGNATE	RE	Ci"	_	
1	765	0-		Ga: +		,	mond	ATE JUI				S. Kra				
				001	E. Rrs	0 5	of Mid D	AIE # UI		-	-200,000	41, / VIA	WW.			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06896 MEDICAL EXAMINER'S CERTIFICATE OF DEATH please exe-4 should be Reg. Dist. No. cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived: If institution; Residence before admission) - COUNTY o. STATE 6. COUNTY MARYLAND b. CITY OR TOWN of c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate Jimits, write RURAL and give flearest town) and give represent d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE prior YES NO T NAME OF DATE Middler* Lost Month Year Day DECEASED (Type or print) DEATH 19 IF UNDER 24 FIRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE IIn years IF UNDER TYEAR lest birthday) Hours DIVORCED F 2, and 3 to sy be retain and 2 with yrs. 18a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? De re 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address yes, nive war or dates of service 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) pencil in Item alang with for burial-tronsit DUE TO Conditions, if any, which gove rise to immediate couse **DUE TO** (o), stoting the underlying 0 couse lost. pending in iner's Office of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS ő PERFORMED? NO N 20g. EXTERNAL CAUSE WAS PRIMARY OF OCUMENTAL CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, factory, street, office bidg., etc.) 20c. TIME OF INJURY Month, Day, Year 20 NJURY OCCURRED 20f. (City or lown) (County) (Stote) While Not while 19 ST at work of work 1 67 p. m. 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection , Inquiry A and find that to the Chief DIRECTOR: death resulted from: Natural causes Suicide W. Accident Homicide , Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded to 5 FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220- BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 6-12-59 Burial Mary's Cemetery Rockvi Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Orthon & House

2 '59

Robert A. Pumphrey, Bethesda, Maryland

DEPUTY

VS. A15ME(5)

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VS A15 (4) 15M 10/57

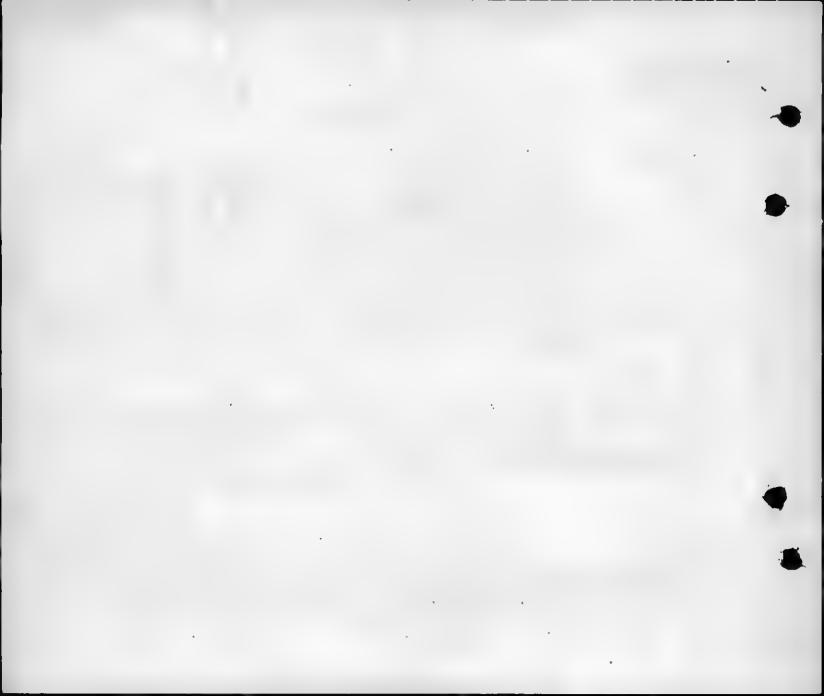
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6930 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Pag Dist No

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1. PLACE OF DEATH a. COUNTY Ifontgomer	V		MARYL		o STATE Ontari			lived If in	stitution R JNTY	Residence b	orfore admi	ssion)	
b. CITY OR TOWN (I	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			NIb	c CITY OR TOWN (If outside corporate limits, write RURAL and						nd give nearest town)		
Bethesda	19 days		Toronto .										
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, gi			d. STREET ADDRESS						e IS RESIDENCE			
	cal Center	r, Bethesda 14, Md.			26 Madison Avenue						YES NO 2		
3. NAME OF DECEASED	Fin	First			Lost		4. DATE OF		Month		Day	Year	
(Type or print)	Marion		Mary		Chernick		DEATH		June		24, 19 5		
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE		DATE OF BIRT		- 1	AGE (In y			AR IF UNE		
Female	1. 2.20-0.0	WIDOW			April 2	2, 191	.0	49	yes. Mo	onths Do	ys Hours	Min.	
10o. USUAL OCCUPATION during most of world	ON (Give kind of work d	lane 10b	KIND OF BUSINESS OF	RY 11. BIRTHPLACE (State or foreign country)					12. CITIZEN OF WHAT COUNTR				
Housewife			None		Canada						Canada		
13. FATHER'S NAME													
Ozarko St							Galet						
15 WAS DECEASED EVE	R IN U. S. ARMED FORCE	CES7 16	SOCIAL SECURITY NO	17. INF	DRMANT T	ne Hec	lical F	Record	Address				
NO			None	The	Cliri	cal Ge	nter,	Rethe	sda I	14, 11	aryla	nd	
18. CAUSE OF DEA		INTERVAL B											
PART I DEA	PART I DEATH WAS CAUSED BY: Septicemia and Shock										15 LOURS		
195.7 DUE TO													
	Conditions, if any, which) Urinary Tract Infection									72 .iours			
	gave rise to immediate cause (o), stoting the under-												
lying couse last.	lying couse last. (c) Adenocortical Carcinoma with Cushing's Syndrome										2 Years		
CATI		OITIONS (CONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	I GIVEN II	N PART 1(c	PERF	AUTOPSY ORMED?	
	S UNDERLYING D CAUSE OF DEATH MEDICAL EXAMINER]	20b. D ES	CRIBE HOW INJURY OC	CURRED.	Enter noture o	f injury in P	ort Lor Part I	! of item 18	.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	While		20e. PLACI foctor	OF INJURY (y, street, office	Home, form, bldg, etc.	20f. (City o	or town)		(Coun	ily)	(Stote)	
21. I certify th	at I attended the	deceas	sed from May 6		, 19.59	., to	June 21	19.	59 th	at I last	saw the	decease	
alive on													
ADDRESS (Street, city or town, state)												ATE SIGNE	
SIGNATURE Recherd MINOUP M.D. The Clinical Center												25-59	
PHYSICIAN'S NAME (Type)	PHYSICIAN'S The National Institutes of Health												
220. BURIAL, CREMATIO	BURIAL CREMATION 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (CIN. NAME OF CEMETERY OR CREMATORY)									uniy)	(Sto	ie)	
Bur-Trans	Bur-Transit 6/26/59			Can	nada Ontario, Cana								
23. FUNERAL DIRECTOR			ADDRESS NO.		240 REC'D BY REGIS					R'S SIGNA	TURE		
Robert A	· Pumphre	у 1	Bethesda,	mar	Cyland DAMEUN 29'59				Inthun S. Kraus				



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

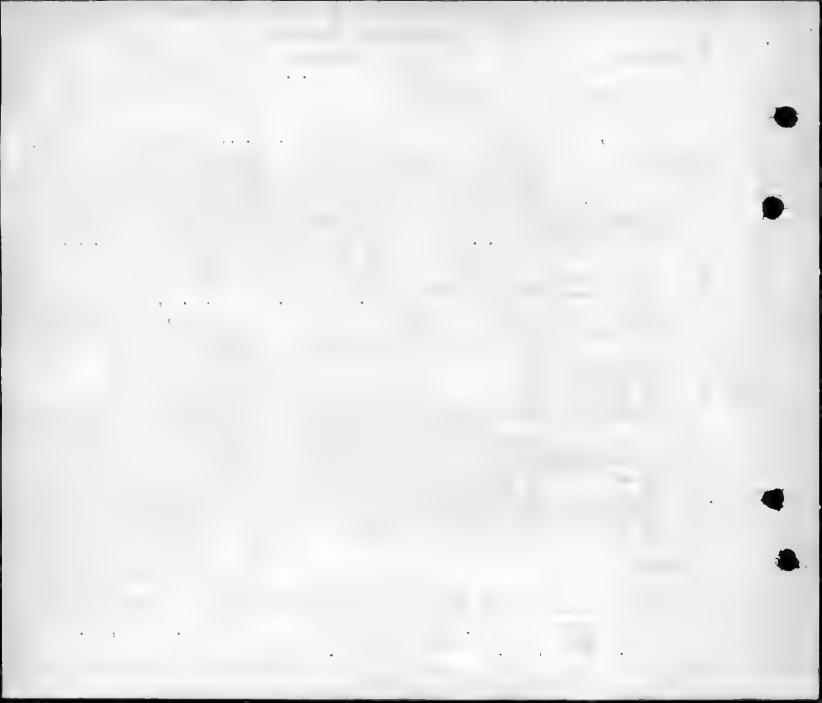
6932 CERTIFICATE OF DEATH

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Dist					

1. 1	COUNTY	MONTGOMERY		MARY	LAND		D.C.	ere deceased	lived. If institu b. COUNT		ence befor	re admir	sion)
l	CITY OR TOWN	(If outside corporate limi	ts, write	c LENGTH OF STAY	IN JP	c, CITY OR	TOWN (If o	utside corpo	role limits, write	RURAL one	give neo	rest low	n)
		ER SPRING		1 year			WASHI	NGTON	. 1	774.			
	OR INSTITUTION	ITAL (If not in hospital, g				d. STREET						e, IS RE	SIDENCE A FARM?
	Johnson	0.737 Coles	Hom	Road		1244	E St.	, N.E.	7		:] NO 📑
3. !	NAME OF DECEASED	Fir	st	Middle		to	sl	4. DATE OF	м	onth	Do	у	Year
	Type or print)	WILB	ER	AUSTI	IN	COPELAN	D	DEATH	JI	JNE	26	5	19 59
5. 5	EX	6. COLOR OR RACE	7 MARR	IED 🔲 NEVER MARRIE		B. DATE OF BIRT	TH		9. AGE (In year lost birthdoy)		R I YEAR		ER 24 HRS.
_ 1	MALE	WHITE	WIDOW	DIVORCE		9/26/76			82 yr		Days	Hours	Min.
10o.	USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHP	LACE (Stole	or foreign co	ountry)	12. C	ITIZEN O	F WHA	COUNTRY
		(retired)	้ บ.	S. Printin	g Of	fice	MICH	IGAN			υ,	S.A	e
13.	FATHER'S NAME					14 MOTHER'S							
	unknown	COPE	LAND				SARAH	MITCH	ELL				
15. (Yes	WAS DECEASED EN	/ER IN U. S. ARMED FOR		SOCIAL SECURITY NO		NFORMANT	- 6 36	70 1		idress			
	NO			yes	M	s. Robe	rt M.	Johns	on, R.# Boyds	-			
Z	Conditions, if gove rise to couse (o), stolin lying couse los	immediand DUE TO)	mons		A.C. J. R.L.	port					-ys	
OIL	PART II. O	THER SIGNIFICANT CON	באסוווטו	ONTRIBUTING TO DEA	AIH BUI	NO! KELATED IC	O THE TERMI	NAL DISEASI	CONDITION G	IVEN IN PA	RT 1(0)	PERF	DRMED?
FIC	20- ACCIDENT U	VAE TINIDERIVING CT	20h DEC	CRIBE HOW INJURY O	CCILIDAEI	/Katas autums a	of interesting	Part I av Bart	Had in 19 V			YES [_	NO
CERTIFICATION	OR CONTRIBUTIN	YAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER;	200. DC30	CRIBE FIGHT INSORT O	CCORRE	/ (Liner noture t	21 (INJULY III)	011101101	a or nem 10.,				
MEDICAL	20c. TIME OF INJU Hour o, m	10	While	NJURY OCCURRED Not while	20e. PU foc	CE OF INJURY I	(Home, farm a bldg., etc.	, 201. (Cily	or town)		(County)		(Stote)
	21. I certify	that I attended the	deceas	ed from AMA	il	30.195	9. 10 V	me.	265, 1905	4 that i	Llast sa	w the	decensed
	alive an	une 25	. 12 9	59 and that		accurred at			the causes	/			
		~ 1 1	0-1	2 0				ADDRESS (SI	reel, city or/tow	n, state)	1110 000		ATE SIGNED
	SIGNATURE/	1.7.11	ulo	release		M.D. 101	11. Cas	lesv	elle 1	Rel.			
	PHYSICIAN'S NAME (Type)	A.F.THI	BAD	EAU		S	lver	Si	Esiera	. 20	426	7	
220	BURIAL, CREMAT	ON, 226. DATE THEREC		22c. NAME OF CEMI	ETERY O	R CREMATORY		22d. ŁØØÅT	ION (City, John	, or county)	(Sto	te)
E	ntombment	6/29/59		Ft. Lincol	n Ma	usoleum		Prin	-0	Count	_	ld.	-
23. ,	ELINERAL DIRECTO	R'S SIGNATURE EY	INC.	STLVER S	אד ממי	IC MD	24a. REC'I	D BY REGIST		GISTRAR'S S			
0	ROIMMAN		100	SILVER S	TLMA	ic, m.	DATE JL	JN 3 0 '9	59	7.71 -	0 200		

be filed with death? Page 4 ly filled in by the market and Pages 1 and 2 should ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft **PEUNERAL DIRECTOR:** After terrificate has been signed by the attending physician and cam page 3 should be detached for e as the burial-transi permit. Then please remove carbon page the registrar priar to burial, cremation, or remaval, and in any event within 72 haufs after depth. moy be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After the perificate has been sit page 3 should be detached for the as the burial-transit



22c. NAME OF CEMETERY, OR CREMA

Year

(Stole)

DATE SIGNED

(Stote)

24b. REGISTER'S SIGNATURE

ADDRESS (Street, city or town, slote)

22d. LOCATION

245. REC'D BY REGISTRAR

prior 20 should FUNER bage **VS A15 (4) ISM 9/SS**

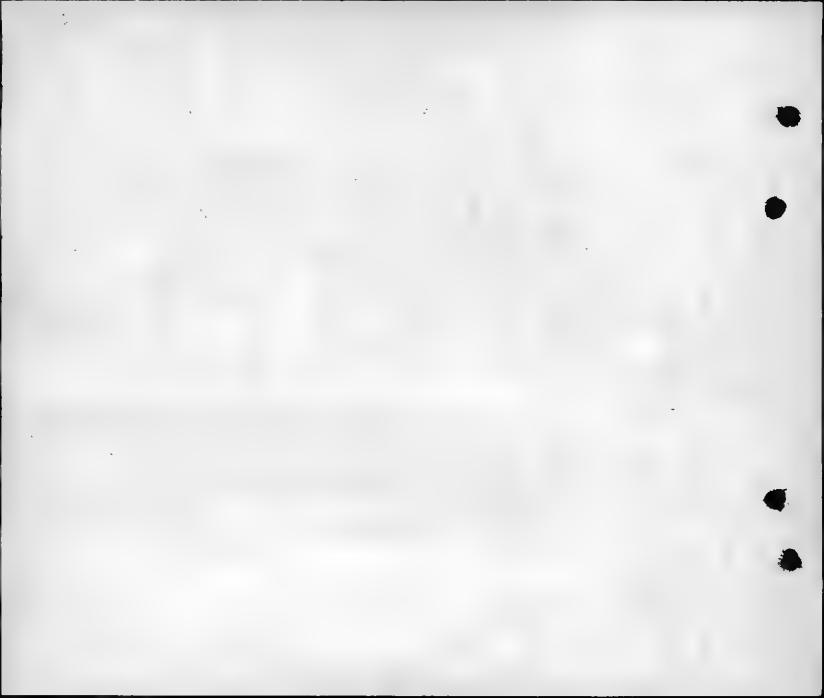
SIGNATURE

PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL, CREMATION, 226, DATE THEREOF



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VS A15 (4)

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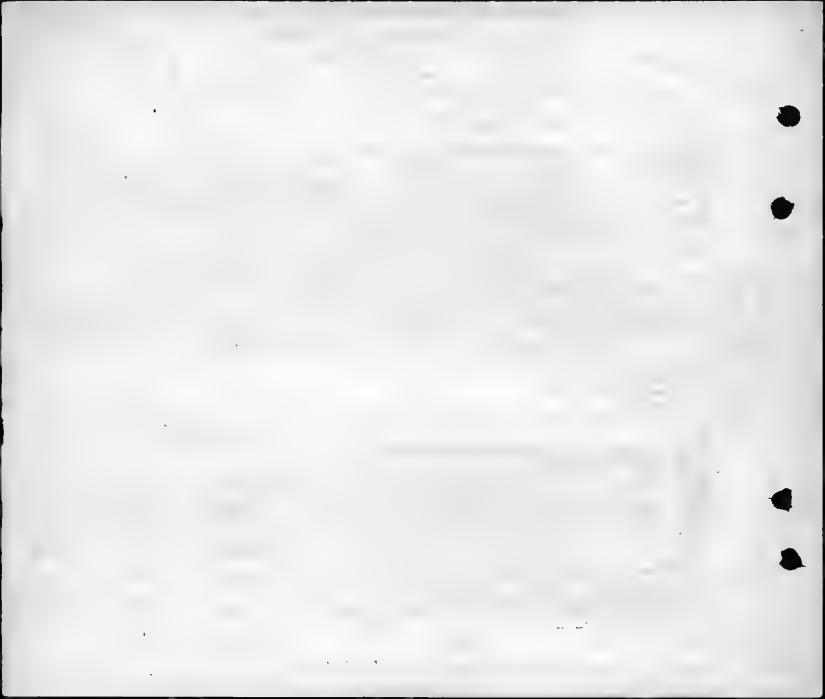
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(Stote)

IC/	ATE OF DEATH	l	Re	eg. Dist		215
ND	2. USUAL RESIDENCE (Who o. STATE Maryland		If institutions o. COUNTY	Residence	before	admission)
1ь	c. CITY OR TOWN (IF or College Par	,	nits, write RURA	L ond gi	re neare	si lown)
	d. STREET ADDRESS				e.	IS RESIDEN
	Cherry Hill	Trailor	Pk.#10	lst	St.	res No
	Last	4. DATE OF	Month		Day	Year
	DAVIS	DEATH	June		3	19

NCE RM? 59 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12 CITIZEN OF WHAT COUNTRY? U.S. Same as #2 INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES 🔀 NO 🗌

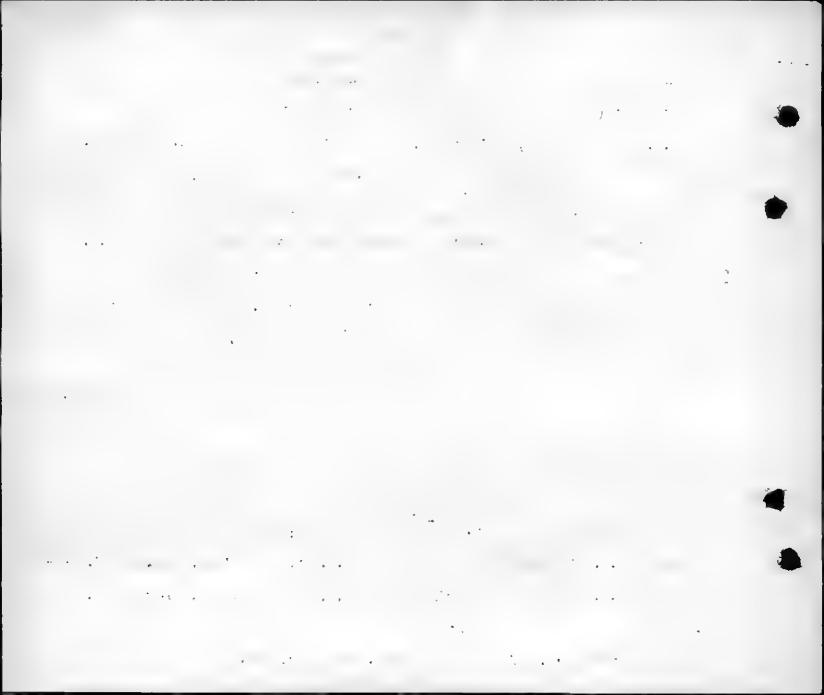
(County)

19.59., and that death occurred at 11:40BM, from the causes and an the date stated above. ADDRESS (Street, city or town, state)

U.S. Naval Hospital. Bethesda Md.

22d. LOCATION (City, lown, or county) (State) Burial (Specify) Bonaventure Savannah Georgia ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNIFICAL/DIRECTOR'S/SIGNATURE 24g REC'D BY REGISTRAR Gasch's Francis Sons 4739 Baltimore Ave. Hyattsvalle Mik. 8 arthur & Kinua

0 V5 A15 (4) 15M 9/58



MATHAN DAUS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

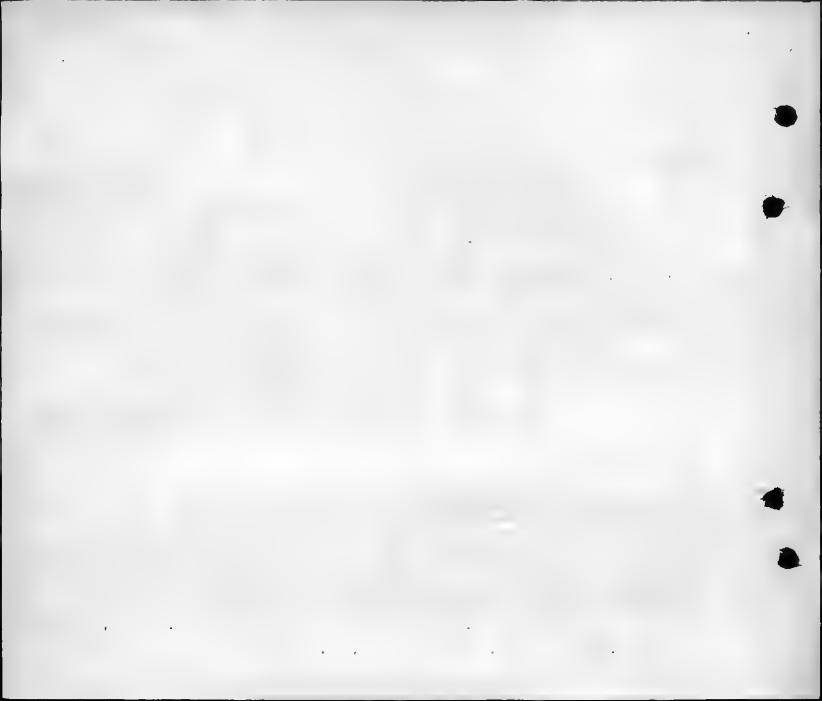
6277 CEDTIFICATE OF DEATH 06904

		OF CERT	IIICAIL OI	DEATH	Reg. Dis	t. Na.
\$ co	DUNTY Mont go	mery	PLAND 6 STATE	Maryland	ed lived. If institution Residence b. COUNTY	tgomen!
	ITY OR TOWN (If outside corporate/fimits, JRAL and give nearest fown)	write /c. LENGTH OF STAY	IN 16 c. CITY	TOWN of outside corp	orate limits, write RURAL and g	ive nearest town)
10	AME OF HOSPITAL (If not in hospital, give INSTITUTION	re street address)	d. STREE	8 714 Firs	+ Ave	IS RESIDENCE ON A FARM? YES NO
	AE OF Fins Fins Fins Fins Fins Fins Fins Fin	V Joh	Dick	Lost 4. DATE OF DEATH	Month	23 19 SE/
S. SEX	4// /- 1 // / /	MARRIED NEVER MARR	4/	9-98	9. AGE (In years lest birthday) yrs.	Y
10a. USI dur	UAL OCCUPATION (Give kind of work doing most of working life, even if retired) 4550MN/87	American Sea	R INDUSTRY 11 BIRT	HPLACE (Slote or foreign	Collinbia C	ZEN OF WHAT COUNTRY
13. FATH	Fred H. Dick in	150,7	14 MOTH	R'S MAIDEN NAME BARETTE XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Cirth	
	DECEASEDEVER IN U. S. ARMED FORCE		17. INFORMANT	tal Admi	Hing Xccord	s
18.	CAUSE OF DEATH [Enter only one cour PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d)	Sterro	irk roe	-upper 9. J	1.	INTERVAL BETWEEN ONSET AND DEATH
	581.0 DUE TO onditions, if ony, which)	Esophi	ageal V.	erecoses)		Unknown
60	use (a), stating the <u>under</u> . DUE TO and cause last (c)	Curho	ruis Ati	te liver		7
CERTIFICATION (1) OB OB	PART II. OTHER SIGNIFICANT CONDI	curicular	Februlla	TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
	ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIBE HOW INJURY O	CCURRED. (Enter natur	e af injury in Port I or Pa	rt II of item 18 j	
WEDICAL 20c	TIME OF INJURY Manth, Day, Year Hour o. m. p. m. 19	20d INJURY OCCURRED While Nat while at work at work	20e. PLACE OF INJUI factory, street, or	Y (Hame, farm, 20f. (Cit ffice bldg., etc.)	y or tawn) (Co	ounty) (State)
	I certify that I attended the over an 2000 73	gray year	death accurred		7-3., 19-54, that I is in the causes and on th	
ACI	TUAL Rober	taHare	7/		Street, city or town, stote)	DATE SIGNED RASK 14d. 6/2
NA	(SICIAN'S Robey	t A. Hare	MD.	<u>4</u> .		
B	RIAL CREMATION, 22b. DATE THEREOF WOVAL (Specify) 6/25/59	FT. LINCO	ETERY OR CREMATORY	PR	TION (City, town, or county) INCE GEO. COUNT	Y, MARYLAND
23. FUN	ERNER E'S SIGNATURE REY	INC. ASILVER	SPRING, MI	DATEJUN 2 5 '5		1 4

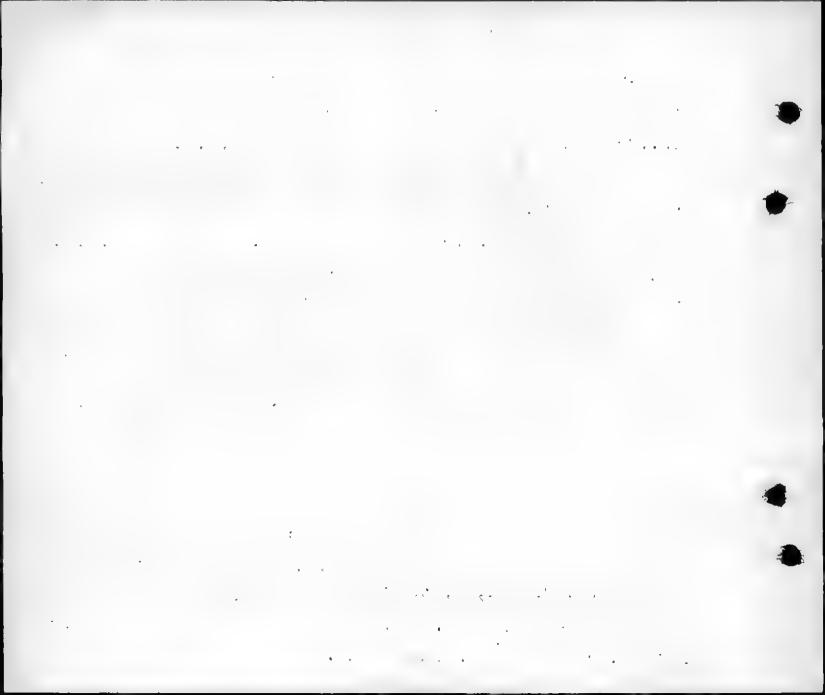
ely filled in by the cherol director, Poges I and 2 should be filed with TO HOSPITAL OF A ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter may be retaine. The hospital or attending physician

TO FUNERAL DIR — R: After Tertificate has been signed by the attending plysician and company of titled in by the page 3 shauld be detached for a so the burial-transit permit. Then please remays carbon poper Pages 1 and 2 should he registrar prior to burial, crematian, ar removal, and in any event within 72 fours after death. VS A15 (4) 1SM 9/SS

deoth. Poge 4



death



VS A15 (4) 15M 10/57

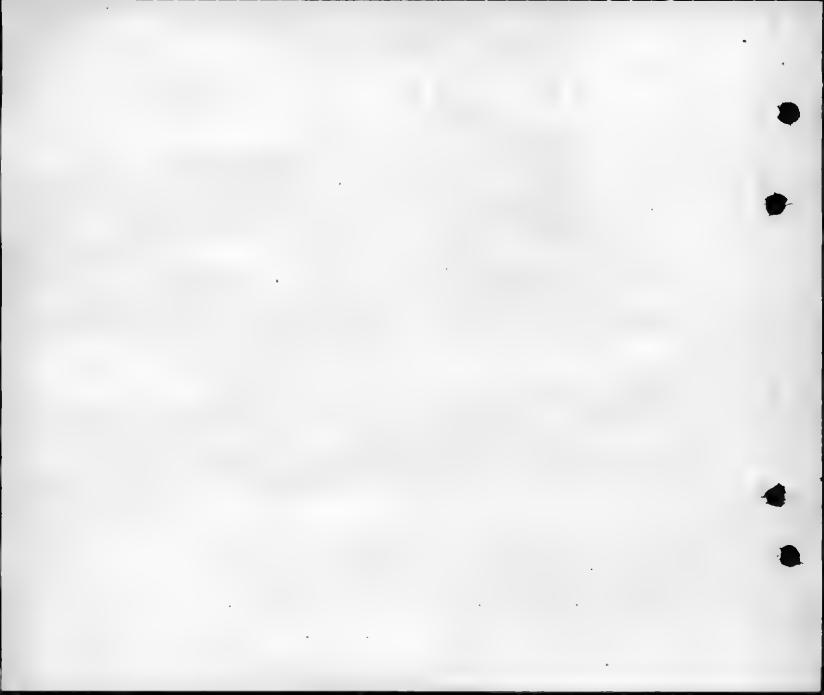
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116906

20	-	OFFICIO A SE	6 E	
59	38	CERTIFICATE	OF	DEAIL

Reg.	DOM: N	Mr.
well.	WIST.	140.

		000	J							Keg. Dist	. NO.	
1. PLACE OF DEATH O. COUNTY MONTGOMERY			MARYL	- 11	2. USUAL RESI	DENCE (Who		b. Co	YTAGG	n: Residence		dmission)
b CITY OR TOWN (HOURAL and give ne	outside corporate limi arest town)	ls, write	c. LENGTH OF STAY II	N Ib	c. CITY OR		utside corpo					town)
d NAME OF HOSPIT. OR INSTITUTION MONTGOMERY	AL (If not in hospital, g				d STREET A	ADDRESS		0				S RESIDENCE ON A FARM?
					Z43 [NORTH	ADAMS	STRE	ET			ES NO D
3. NAME OF DECEASED (Type or print)	Fir B RU		Middle TER	RY	DIFF	SI ENDERF	4. DATE OF E ROEATH		Manii June		Day 30	Yeor 19 59
5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	Х В	DATE OF BIRT	Н		9. AGE (In		IF UNDER 1	YEAR IF	UNDER 24 HRS
MALE	WHITE	WIDOWE	DIVORCE D			/57		lost birti	hdoy) yrs.	9 2	9	Ours Min
10a. USUAL OCCUPATIO	N (Give kind of work i ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	LACE (Stote of	or foreign co	ouniry}		12. CITIZ	EN OF W	VHAT COUNTR
CHILD					VIRG	AINIE					USA	
13. FATHER'S NAME	•				14. MOTHER'S	MAIDEN N	IAME					
TERRY BRUC			10.		WAN	NDA L.	Woods	WARD				
15 WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17 IN	ORMANT				Addre	255		
No		1	None	Ho	SPITAL	RECOR	DS		OLN	EY, M.	ARYLA	ND
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	7-	e for (0). (b). and (c).)	7-	Actur	æ					ONSET	AND DEATH
441X	DUE TO	R	. (+	,	R.	1				`		
Canditions, if or		12	1 dend	: (Bron	دلر	D b L	CECL	~ o	419		
gove rise to in cause (a), stoting I							- 1					
lying couse lost.	\{c	}										
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITIO	ON GIVE	N IN PART	P1	VAS AUTOPSY ERFORMED?
PART II. OTH	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature o	f injury in P	orl I or Part	I of item	18.]			
20c. TIME OF UNJURY Hour o m, p. m	Month, Day, Yes	While	NOT while of work	Oe PLAC	E OF INJURY (I ry, street, office	Home, form, a bidg., etc.]	20f (Cily	or fown)		(Co	ounty)	(State
21. I certify the	at, I attended the	decease	ed from C / L	9	10 4	16/	30/50	, 1	0	that I Ia	a b	.hl
alive on	13015	7, 12_	, and that a	leath c	accurred at	12:50	A. from	the cou	z ises or	, inai i ia nd an the	si saw	the deceas
		A	-				ADDRESS (St				2010 3	DATE SIGN
SIGNATURE		<u> </u>	Cool	M.	D						6	/30/5
PHYSICIAN'S NAME (Type)	<u> </u>	AL	м. п.		GA	LITHER	SBURG	MAR	c la ni	0		
220. BURIAL, CREMATION	V. 226 DATE THEREO	F	22c. NAME OF CEMET	ERY OR			22d. LOCAT					(Stote)
Burial (Specify)	6/30/59)	Lee Men	ori	al Cen	n.	Wo	oodwa	ly.	Virg	inia	1
23. FUNERAL DIRECTOR'S			ADDRESS				BY REGIST	7	REGIST	TRAR'S SIGN		
Robert A	Pumphre	y E	ethesda,	Mar	yland	DATE JUL	- 6 '5'	9	CAR	must S. 7	Times	



06907

6939

CERTIFICATE OF DEATH

Dan Dist Ma

								Keg. Dis	1. 110.	
1. PLACE OF DEATH d. COUNTY Montgomery			ROUTUR		USUAL RESIDENCE (W	here deceose	st b. CMAT		e before	admission)
b. CITY OR TOWN (IF RURAL and give ne Bethesda. (1		i, write c	LENGTH OF STAY IN		c. CITY OR TOWN (IF California	outside corpo	orate limits, write	RURAL and gi	ive neare	ist town)
d. NAME OF HOSPITA OR INSTITUTION U.S. Naval	AL (If not in haspital, given Hospital, B				d. STREET ADDRESS Town Creek	Manor	•		í	IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print)	First Wilma		Marie	Di	nterman	4. DATE OF DEATH		onth ine	12	Year 19 59
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	□ B D/	ATE OF BIRTH		9 AGE (In year			F UNDER 24 HRS
Pemale	white	WIDOWED	DIVORCED [<u> </u>	February 1	918	41 yrs		Days	Haurs Min
during most of work	N (Give kind of work de ing life, even if retired)		ID OF BUSINESS OR I	NDUSTRY	11 BIRTHPLACE (State	e or foreign o	country)	12. CITIZ		VHAT COUNTRY?
3. FATHER'S NAME		100		14	MOTHER'S MAIDEN	NAME				
Herman Busa	cker				MAXXXXXXXXX	ይ'ሀ'ሴ'ሴ'ዮ'ር	Jennie	Waffe	r	
5. WAS DECEASED EVER	IN U. S. ARMED FORC		CIAL SECURITY NO.		mant band) Roge	r Alfr	ed DINTE	dress ERMAN S	Same	as #2
Conditions, if or gove rise to ir couse (o), stoling 1 lying couse lost. PART II. OTH	he under- DUE TO (c) ER SIGNIFICANT COND		TRIBUTING TO DEATH				SE COND TION G	VEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR' Hour a.m.	CAUSE OF DEATH	-	Not while	e. PLACE	of injury in OF INJURY (Home, for street, affice bldg., et	m, 20f. (Cit	rt II of item 1B.) y or town)	(C	ounty)	(State
actual	or I attended the June	deceased 1959 Nas	fram. 10 Jur		U.S. Nav	al Hos	the causes a street, city or town	nd on the n, stote) ethesd	date s	id .
PHYSICIAN'S NAME (Type) Wa 220. BURIAL, CREMATION REMOVAL (Specify) Burial		2	USN NAME OF CEMETE Arlington I			22d. LOCA	TION (City, town	, or county)		(Stote)
	1 - 1/ /7			yauto				GISTRAR'S SIG		
23. FUNERAL DIRECTOR'S	and Home		Winds A	10		"D BY REGIS		FINAL D		

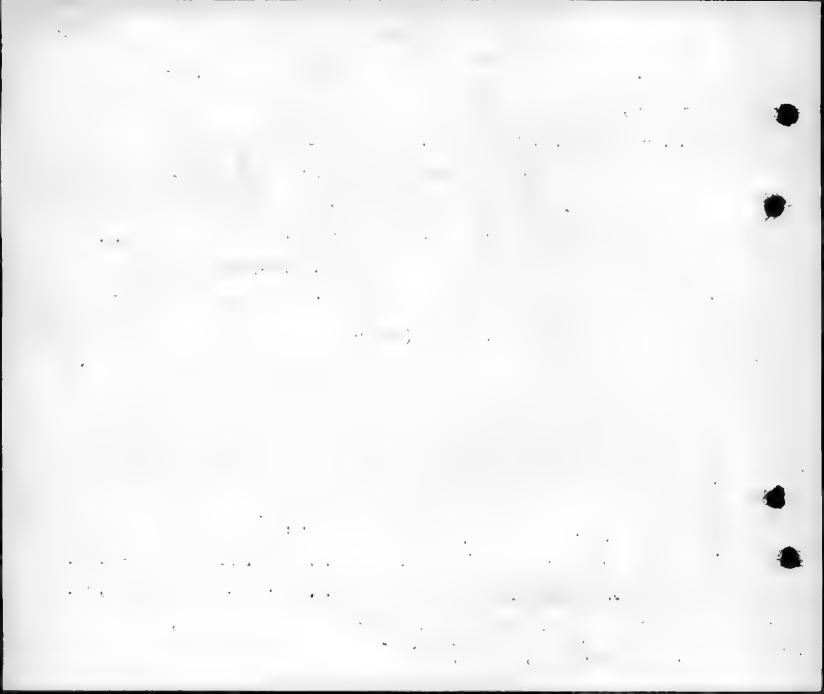
eath. Page 4 filled in by the funeral directar, ges 1 and 2 should be filed with within 24 hours of Poges 1 PHYSICIAN: The law requires that the death certificate be executed dan pape

may be retained by the hospication attending physician.

TO FUNERAL DIRECTOR: After retrificate has been signed by the attending physician page 3 should be detached for use as the burial-transit permit. Then please remave carly the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer.

VS A15 (4) 15M 9/58

ENDING



VS A15 (4) 15M 10/57

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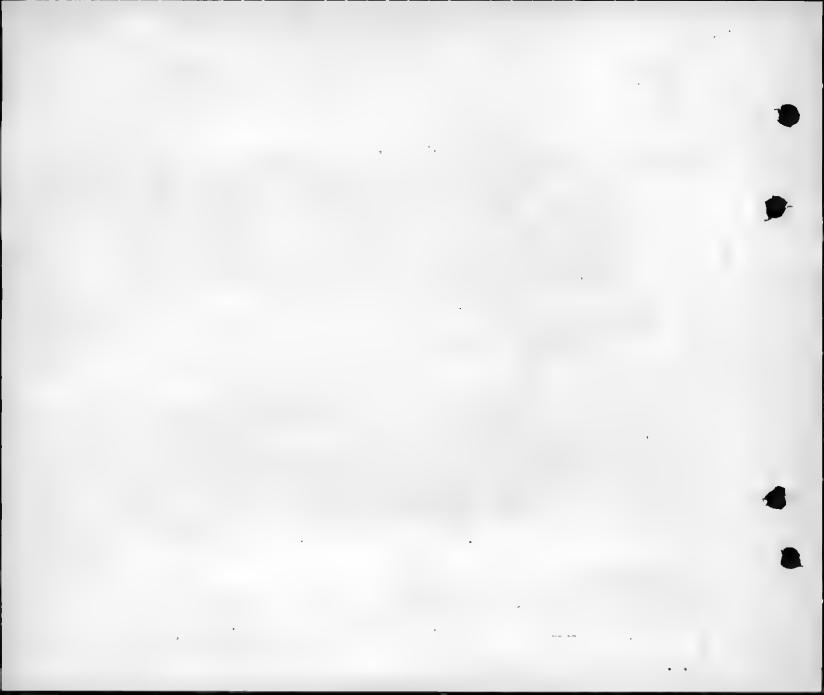
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

116908

6940 CERTIFICATE OF DEATH

	l. No.

1 PLACE OF DEATH • COUNTY MONTGOMER Y MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY FIGWARD					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)						
OLNEY 1 DAY						
d. NAME OF HOSP TAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
MONTGOMERY COUNTY GENERAL HOSPITAL. INC.	YES NO C					
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year					
(Type or print) AMELIA OLIVIA	DISNEY DEATH JUNE 3 19 5					
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR					
FEMALE WHITE WIDOWED DIVORCED	1/3/71 lost birthday Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT					
At Home	MARYLAND USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
BOWIE JOHNSON	LOUANN THOMPSON					
	NFORMANT Address					
NO (if yes, give war or date of terrice)	HOSPITAL RECORDS OLNEY. MD.					
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN						
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (p) CACHEX IA	ONSET AND DEATH					
154X DUE TO	10 0713					
Conditions, if ony, which) (b) CARCINOMA OF RE	TUM 5 YEARS					
gove rise to immediate	J IEARS					
couse (o), stoting the <u>under-</u> lying couse lost. [c]						
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS					
UREMIA DUE TO NEPHROSCLEROSIS	PERFORMED? YES NO D					
	D (Enter nature of injury in Port I or Port II of item 18)					
	ACC OC DUNOV D					
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED Hour o. m. p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f (City or town) (County) (Stote ctory, street, office bldg, etc.)					
21. I certify that I attended the deceased from.						
	occurred at 1:30 PM, from the causes and an the date stated abo					
111.18	ADDRESS (Street, city or town, stote) DATE SIGN					
SIGNATURE Muntative B.D.	M.D. 6/3/59					
PHYSICIAN'S						
NAME (Type) C.S. WHITAKER M. D.	SANDY SPRING, MARYLAND					
220 BUR'AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d LOCATION (City, town, or county) (Stote)					
Burial 6-5-59 Mt Zion	Highland, Md					
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
F.C. Higinbothom, Ellicott City, Md	DATE JUN 5 '59 arthur S. Krana					



HEALTH DERT.

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8 d 55 auted within 24 hours after deal in them, 18. Give Pages 1, 2, and ce class with form PM3. Page 5 pasts permit. File pages 1 and poges Office olang puo buriol-tronsit 0 pending" col Exomin pasa to th

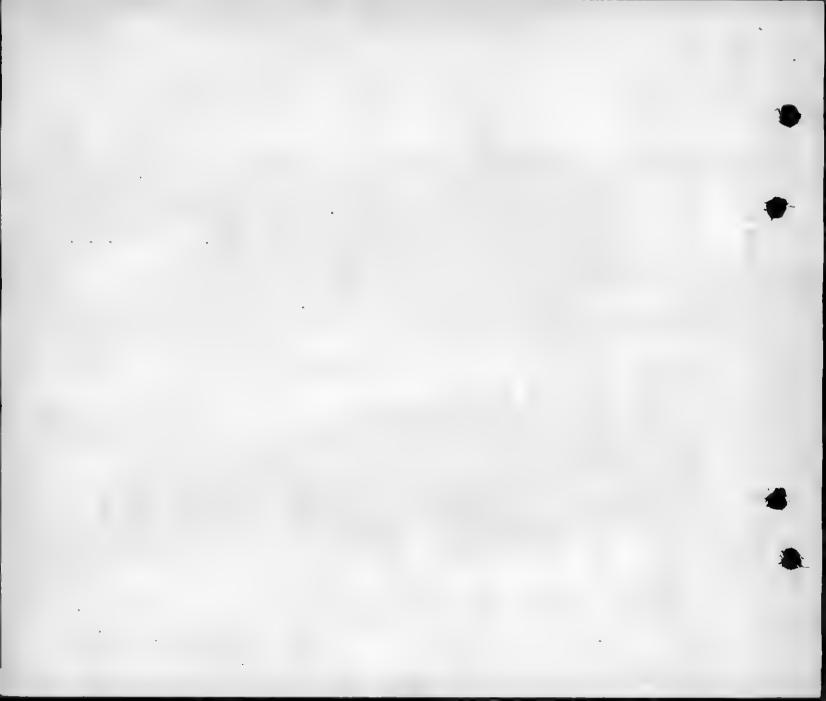
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designated

HS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission e. COUNTY b. COUNTY Montgomery Maryland MARYLAND Montgomerv b. CITY OR TOWN (+ outside corporate Lents, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 35 years Glen Echo Glen Echo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDEN' E ON A FARME 100 University Avenue 100 University Avenue YES INO 17 3. NAME OF Middle 4. DATE Lost DECEASED 59 (Type or printCoralie Livingston Bell Douglas June DEATH 5. SEX 9. AGE Un years 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYPART IF UNDER 24 HRS. Female White Nov. 3. 1875 WIDOWED TY DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of washing life, even if retired)
Housewife Own Home Hagerstown. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ellen Ragan Henry Bell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO I'll yez, give wor or dates al service! Eloise D. Graham - Item #2-daughter None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ENELSVAL BETWEEN DINSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DHE TO Conditions, if any, which gove tite to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES [NO NO 20g. EXTERNAL CAUSE WAS FRIMARY F or CONTRIBUTING CAUSE OF DEATH. 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury or Fort II of item 18 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Doy, Year 120f (City or fown) (County) (Stole) Not while factory, street, office bldg., etc.) While of work at work 23. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry M. ond in niv Accident K. Suicide . Homicide . Undetermined monner opinion death resulted from: Natural causes ACTUAL EAST, GROWING CHIEF MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) 270. BURIAL CREMATION, 22b. DATE THEREOF TERY OR CREMATORY 22d, LOCATION (C'ty, town, or county) REMOVAL (Specify) Tran. - Bur. 6/2 Rose Cemetery Hagerstown, Maryland ADDRESS. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JUN 2 4 '59 Bethesda, Maryland Robert A. Pumphrey. Orthon & Health



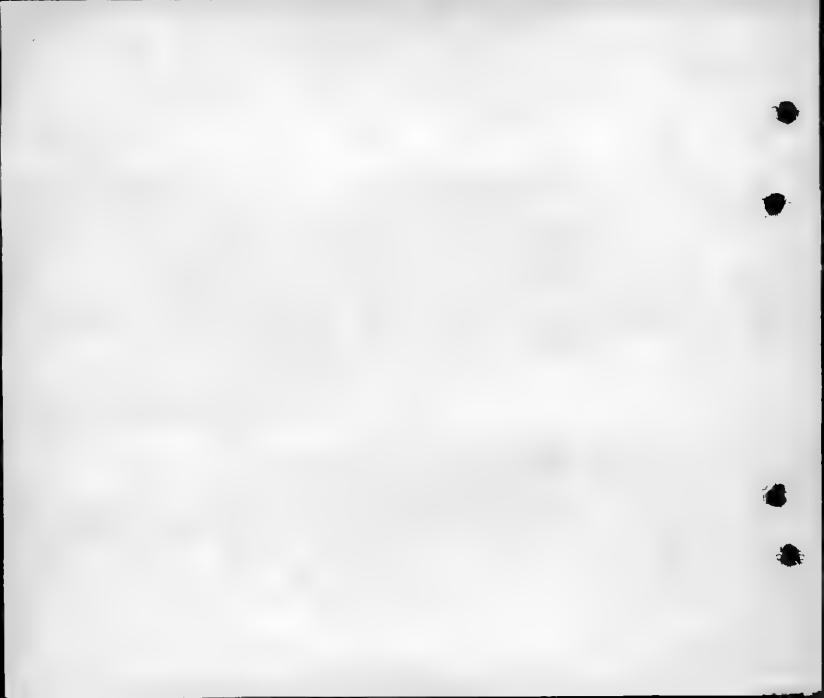
Chilling & House

requires that the

HOSPITAL

V5 A15 (4)

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VS A15 (4)

15M 10/57

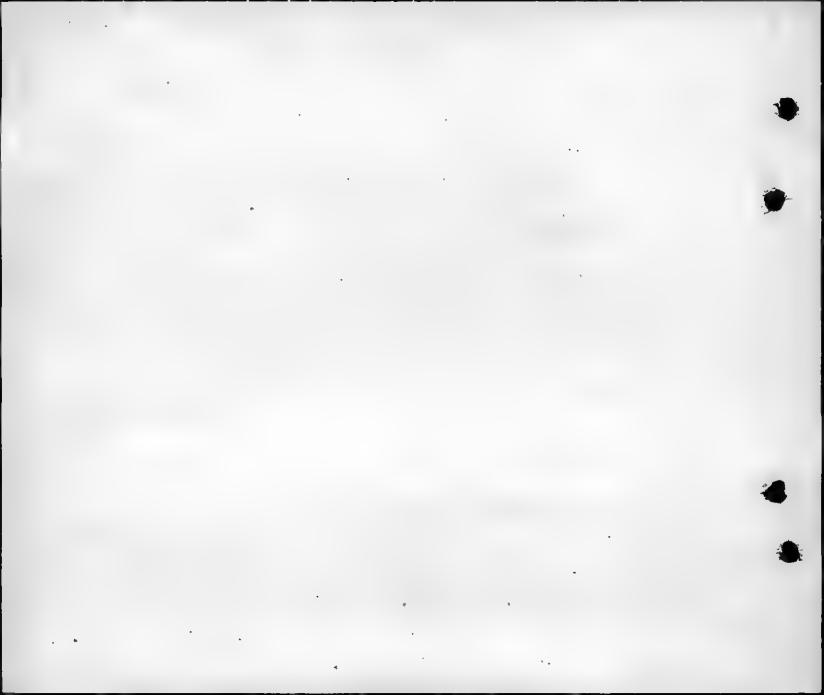
eath.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6942 CERTIFICATE OF DEATH

06912

Rea, Dist. No. 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fixed If institution Residence before admission) COUNTY STATE MONTGOMERY MARYLAND MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) OLNEY 5 DAYS BROOKEVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION MONTGOMERY COUNTY GENERAL HOSPITAL YES NO T NAME OF DECEASED First Middle 4. DATE Yeor (Type or print) DEATH DOWNS 30 LILLIAN AGNES JUNE 19 5 SEY 6 COLOR OR RACE 9. AGE (In years last birthday) 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS Months Hours WIDOWED X DIVORCED T 68 FEMALE WHITE YES 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) USA MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JENNY NAGNORWSKI ADAM MATULEWICH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Unknown HOSPITAL RECORDS OLNEY. MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALITOPS PERFORMED? NO [20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (State) (County) factory, street, office bldg., etc.) Hour o. m. While Not white of work at work p. m. una 30 21. I certify that I attended the deceased from Jan 1957, that I last saw the deceased and that death occurred at 2:15 A.M., from the causes and on the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) RICHARD A. 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, lawn, or county) (State) 59 Brookeville Brookev 240, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Laytonsville. Md. DATE 1111 6



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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6943

CERTIFICATE OF DEATH

06911

	Keg. Dist. No.
1. PLACE OF DEATH COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on) o. STATEMATYLAND b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Olney	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) XRural Gaithersburg
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) MONTGOMERY County General Hosp	d. STREET ADDRESS e is residence on a farm? yes. ☑ NO □
3. NAME OF First Middle DECEASED (Type or print) Margaret R.	Duvall 4. DATE Month Day Yeor OF DEATH 6 - 29 - 1959
S. SEX Female 6. COLOR OF RACE White WIDOWED DIVORCED	B. DATE OF BIRTH 6-25-96 9. AGE (In years IF UNDER 1 YEAR IF UNDER 74 HRS In years If UNDER 1 YEAR IF UNDER 74 HRS If UNDER 74 H
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HSWf.	USTRY 11 BIRTHPLACE (Stote or foreign country) Maryland United State
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Raab	unknown
(Yes, no, or unknown) (If yes, give war or dates of service)	INFORMANT Address
no no (C. Vernon Duvall, Gaithersburg, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) Information (d) Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost DUE TO Lying couse lost (c)	andwrosender dislase 150/1813. Ilon aptident 30 aug.
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 MAS AUTOPSY PERFORMED? YES NO RED (Enter nature of injury in Part 8 or Part 8 of item 18.)
206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	the filler initial of injury in territor for it of them 18.7
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not white of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) loctory, street, office bldg., etc.)
21. I certify that liattended the deceased from. 1 2-11	5 , 1946, to 6 179 , 1929, that I last saw the decease
alive an 6 1 5 5 , 1957 , and that deal	·
ACTUAL James P. Kern	ADDRESS (Street, city for town, Sote) DATE SIGNE M.D. Jamaszus, Lind 7/199
PHYSICIAN'S NAME (Type)	,
20. EURIAL CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY PUPILAL 7/2/59 DAMASCUS	and the state of t
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Olin I. Molesunth Damascu	18, Ma. DATE JUL 2 '59 Cithy & thous



06913

Reg. Dist. No.

o. COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE b. COUNTY
Morregomery	Md. Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Bethesda	Silver Spring
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM?
Bath. Suturban	'9010 Bradford Rd. YES□NO□
3. NAME OF First Middle DECEASED	Lost DATE Manth Day Year
(Type or print) Clifton E.	Bleriago Death June 20, 1959 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9 AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Migniths Days Hause Mign
Male White WIDOWED DIVORCED	Nov. 20, 1887 71 yrs Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired Mac. Naval Gun Factor	y India na U.S.A.
13 FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Simeon Eldridge	Augusta Crosier
	NFORMANT Address
(Yes, no or unknown) If yes, give wor or dates of service)	delaid L. Eldridge 9010 Lradford Ed
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	To les mysmuch 1-2 yrs
	2
Conditions, if any, which gove rise to immediate (b) Citlestoset	wais
cause (o), stating the under-	
lying cause last. (c)	
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
I isselling avaiming	W. C.
OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Part I ar Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour e.m. White Not while for p. m. 19 of work of work	clary, street, office bldg., etc.)
21. I certify that I attended the deceased from	william and descent the second
	19 10 10 11 19 19 19 19 19 19 19 19 19 19 19 19
alive an June 19.2 7, and that death	accurred at 1.605 in firm the causes and on the date stated above
ACTUAL MILLION CO. (1)	ADORESS (Street, city or town, stote) DATE SIGNED
SIGNATURE / U LECCUM 99 LLC	M.D 1006 Colesvice FC 6/205)
PHYSICIAN'S William D. Aud	Selve Spring my
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, al county) (State)
Furial 6/23/59 Parklawn	Cemetery Fockville Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
Nes Orthunder He 4812 90	Come DARIN 25'59 Colin 8 4

44 3 & Commence 135 Am 0 4

	6896	CERTIFICA	AIE OF DEATI	-1	Re	g. Dist. No.		
	PLACE OF DEATH o. COUNTY Montgomery b. CITY OR TOWN (If outside corporate limits, write c.	MARYLAND LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (WI 2. STATE Maryland 6. CITY OR TOWN (IF	k	Monte	omerÿ	-	1)
	RURAL and give reparest town) ROCKVIIIE		Rockville	,	,	g		
	d. NAME OF HOSPITAL (if not in hospital give street addr OR INSTITUTION Drive	ess)	d street Address 713 Mableto	on Drive		4	IS RESIDE ON A FA	ARM?
ı	3. NAME OF First	Middle	Lost	4. DATE OF	Month	Day	Yeq	ar
	(Type or print) GEORGE A	. ELMOR			une 13,			59
	5. SEX Male 6. COLOR OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	May 1, 1885	9. AG		Tibs Day2	Hours	Min
	Pa. USUAL OCCUPATION (Give kind of work done 10b. KINI during most of working life, even if retired) Farmer Fa	O OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (Slote Virginia	or fareign country)	1	US	WHAT COL	JNTRY?
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN	VAME				
	George M. Elmore		Mary Ho	user				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no grunthnown) (If yes. give war or dates of service) 212-		nformant Lillian E. Elr	nore-Iter	n#2			
	18. CAUSE OF DEATH [Enter only one couse per line for	or (a), (b), and (c).]				INTE	RVAL BETW	VEEN
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cachife a g anima / wh							
	Conditions, if ony, which) (b)	netastat	i carci	nomi			6 m	-
	gove rise to immediate couse (a), stating the <u>under-lying couse lost</u> OUE TO (c)	urcmon	in of le	vii			1 mg	
)	PART II OTHER SIGNIFICANT CONDITIONS CON	PULL BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	D TION GIVEN I	N PART 1(o) 1	PERFORM	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Egyer nature of injury in	Part I Sr Port II of	item 16)			
	20c. TIME OF INJURY Month, Day, Year 20d INJURY Hour o m. 19 of work	Nat while fo	ACE OF INJURY (Home, fare ctory, street, office bldg., etc	n, 20f. (City or tov	vn)	(County)		(State)
	21. I certify that I attended the deceased	fram//	, 19.54, ta	6/13/	, 195 Tho	t Flast saw	the dec	ceased
	alive an 6 / 13/, 19 5	, and that death	occurred at 7:30/					
	ACTUAL SIGNATURE ARMIN 2.	Jones	M.D	ADDRESS (Street, c	ity or town, state	e)	/13/	SIGNED
	PHYSICIAN'S Stephen N. Jones	Rockville,	Maryland			/		
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, c							(State)	
	Burial 6/15/59 (g, Virg						
	23. FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey-Bethe	ADDRESS		'D BY REGISTRAR N 1 6 "59	24b. REGISTRA	R'S SIGNATUR		
	Tropert A. I muhimey-Benne	roua, maryla	TILL DATES	11 . 0 00	Cooling	A THANK	6	

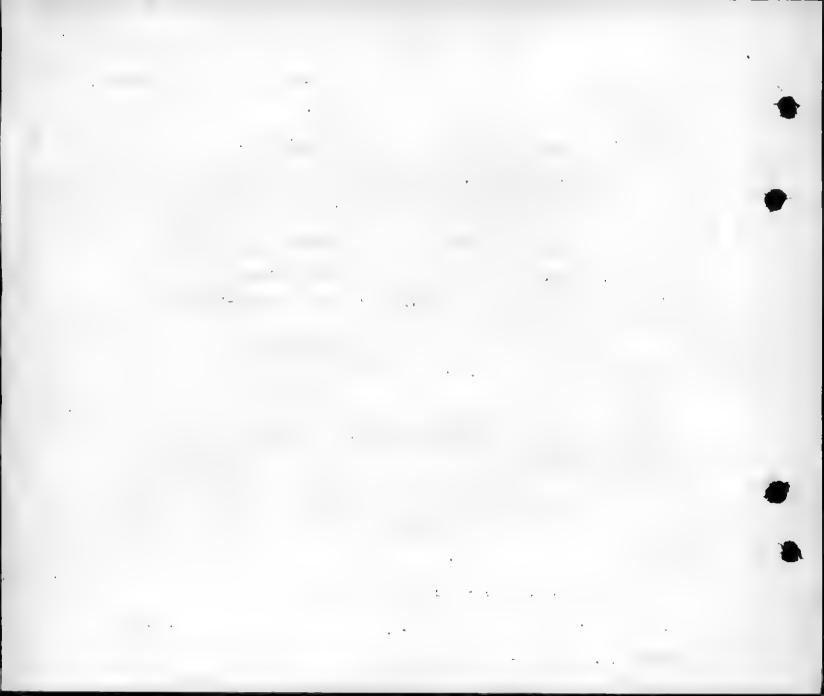
I in by the funeral director, and 2 shauld be fited-with

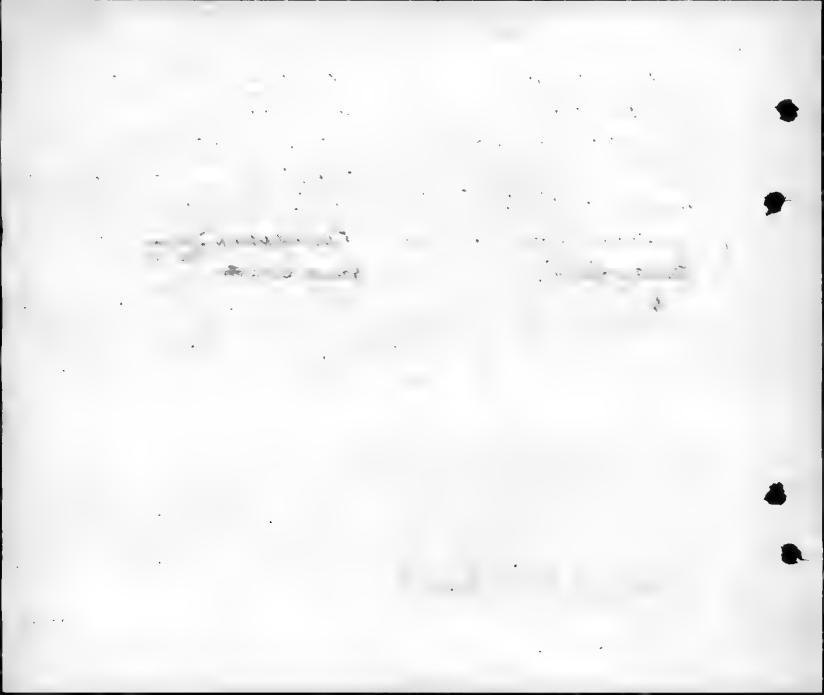
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VS A15 (4) 15M 9/58

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within 24 hours ofte





VS. A15ME 8M 2'57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 689 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06916

Reg. Dist. No

		LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived If institution, Residence before	odm ssion)			
	a	MONETURE MARYLAND	o. STATE to 6 COUNTY				
	Ь	CITY OF TOWE (If outside as paratylimits, write RUFEL) C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give neguts town)				
		Rock Ill	X Ma they have				
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		IS RESIDENCE			
		md 18-115	RTU # 1	ON A FARM?			
		NAME OF DECEASED First Signal Middle OF Street Signal A.	Loss 4. DATE Month Doy OF ATH DEATH ALL OF A	Year = G			
	5. S			19 3 7 UNDER 24 HRS.			
	0. 7		2 2 Ch lest birthday Months Days Ho	onder 24 mas.			
	10a	USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR	RY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WI	HAT COL NITRY2			
	d	uring plost of working life, even if retired)		A COUNTRIE			
1	13.	MITTHEFE Carpenter Building Con.	West Virginia 20 3.0	Commercial Control			
		Cyprianus Fitzwater	Clarenda Delawder				
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN	NFORMANT Address				
	{7 es,	no, as grinown) If yes, give war as dates of service)	ora Fitzwater Same As 2				
	-	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)	I NIESYAL I	BETWEEN			
		PART I. DEATH WAS CAUSED BY: MAINER IN LAND	a bration	UVO			
		420.1 DUE TO DUE TO	The contract of the contract o	eva			
		Conditions, If any, which) (Demany ()	calina in				
		gove rise to immediate couse	110	O			
1		(a), stoting the underlying (c) Alemperhase into A	Theroselesotre plaque hou	w			
	ह	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0) 19. W	AS AUTOPSY			
\a	CERTIFICATION	Mucoid obstruction of Trace	shop and asperation gartine content (15)	REFORMED?			
	TIER	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO	nter nature of injury in Part Lar Part II of item 18)	4.			
		CAUSE OF DEATH.					
į	MEDICAL		CE OF INJURY (Home, form, 120f. (City or town) (County) ory, street, affice bldg., etc.)	(State)			
i	MED	Hour o, m. p. m. 19 of work of work	sy, meer, united andy, andy				
:		21. I certify that I took charge of the remains described above	ve, held on Autopsy 💢, Inspection 🔲, Inquiry 🔲,	and in my			
		opinion death resulted from. Natural causes X. Accident	, Suicide , Homicide , Undetermined manner				
		2		TO SIMBLE			
		SIGNATURE FRENCH (/ Townhart	_M.D. CHIEF MEDICAL EXAMINER	ITE SIGNED			
ف		EXAMINER'S TIA ALL TO	ASSISTANT MEDICAL EXAMINER	-/			
		NAME (Type) ATNK J. 13 hasch &	2 M- DEPUTY MEDICAL EXAMINER 1				
	220.	BUR AL, CREMATION, 276 DATE THEREOF 22c. NAME OF CEMETERY OR C	N-1	(State)			
		Burial June 6 Valley Vie	Nokesville Virg	inia -			
	23.	ADDRESS ADDRESS	246 REC'D BY REGISTRAR 246 REGISTRAN'S SIGNATURE				
	1	Laytonsville	MA. DATE JUN 8 '59 Cirthun & King	,			



6946 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06917

Reg, Dist. No.

	PLACE OF DEATH O. COUNTY		2 USUAL RESIDENCE (Where deceased lived II institution Residence before admission)						
	Montgomery	MARYLAND	o. STATE Maryland	1 6. COUNTY Montg.					
1	o. CITY OR TOWN (if outside corporate limits, write EUFAL and give neares town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If autside of	corporate Limits, write RURAL and give	necrest town)				
	Olney	DOA	X Gaithersburg						
. (S. NAME OF HOSPITAL OR INSTITUTION (II not in hosp	oital, give street address)	d STREET ADDRESS e 15 RESIDENCE						
	Montg. Co. Gen. hosp		Watkins Rd. R-1	- Car	YES NO D				
	NAME OF First DECEASED	Middle	Losi 4 DATE OF	Month Do	y Year				
	(Type or print) William T.	Flynn	Jr. DEAT	H June 29 1959	19				
5. 9		D NEVER MARRIED 0 8.	DATE OF BIRTH	9 AGE (in years IF UNDER TYEA!					
	male White WIDOWED	DIVORCED [4/20/1909	50 yrs. Months Days	Hours Min.				
100	. USUAL OCCUPATION (Give kind of work dane 10b K luring most of working life, even if retired)	IND OF BUSINESS OR INDUSTI	Y 11. BIRTHPLACE (State or fareig	n country) 12. CITIZEN (OF WHAT COUNTRY?				
1	farmer		Howard Co., M.	aryland US	Δ				
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		6 4.				
	Wm. T. Flynn Sr.		Ada Mullnix						
15.	WAS DECEASED EVER IN U. S ARMED FORCES? 16	OCIAL SECURITY NO 17. IN	FORMANT	Address					
(yes	, no, or unknown) [II yes, give war as deter of service]		Police Record.						
-	NO 2 18 CAUSE OF DEATH [Enter only one cause per line is	17-28-2136			ERVAL BETWEEN				
		yxia		SN SN	SET AND DEATH				
1	IMMEDIATE CAUSE (a)	Avra			នបស់ពីខាក				
V	DUE TO	shed week bade	hant		eadae III				
	Canditians, if any, which	shed neck and c	Ha B f						
	(a), stating the underlying DUE TO								
	couse lost. (c)								
3	PART II, OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINALDISE	ASE CONDITION GIVEN IN PART 1(0)	IP, WAS AUTOPSY PERFORMED?				
CERTIFICATION					YES NO B				
1	200. EXTERNAL CAUSE WAS PRIMARY TO ONTRIBUTING 20b DESCRIBE	HOW INJURY OCCURRED (E	ter nature of injury in Port For Pari	t (I of item 16.)					
3	CAUSE OF DEATH. Drive	r of farm trac	tor which upset						
3	20c. TIME OF INJURY Month, Day, Year 20d II	NJURY OCCURRED 200 PLAC	E OF INJURY (Home, form, 120f IC	City or town) (County)	(Slole)				
MEDICAL	1:00 25 6/29/5919 White at wor	. 140. 011110	ry, street, affice bldg , etc }	Woodfield Monte.	164				
~	21. I certify that I taak charge of the r			Inspection X, Inquiry	Md.				
				Section 1997 Cal	Account to				
	opinion death resulted fram: Natural c	anses [], Accident [🙎 Suicide 🔲, Hamici	de, Undetermined mans	ier 🔲				
	ACTUAL 1 B B-	a -A-	Cilies inspired succession		DATE SIGNED				
	SIGNATURE STAND	integral	M.D. CHIEF MEDICAL EXAMINER						
	EXAMINER'S Frank J. Brosc	hamt	ASSISTANT MEDICAL EXAMI	6/29/	¹ 50				
	NAME (1994)		DEPUTY MEDICAL EXAMINE	K (E)					
220	BURIAL CREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d LO	CATION (City, lown, or county)	(Stole)				
	Burial 7/3/59	Howard Cha	apel	Long Corner, Mc	1				
23.	FUNCERAL DIRECTOR'S SIGNATURE	ADDRESS	24e. REC'D BY REG	ISTRAR 246. REGISTRAR'S SIGNATU	JRE				
	Colon of Moresunt	Damascus,	Md. DATE JUL 2	159 Gotting 8 4.	444				



Poge VS A15 (4) 15M 10/57

INTERVAL BETWEEN ONSET AND DEATH 10) Hypertensive CARdioUASEVLAR dISEASE PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART YOL 19, WAS AUTOPSY PERFORMED? YES NO (County) (Stote) 1957 that I last saw the deceased and that death accurred at 1300 M, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State) REMOVAL (Specify) Buria Oak Lawn Cem. Bal to. POMERAL DIRECTOR'S STONATURE ADDRESS 24a, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Reg. Dist. No.

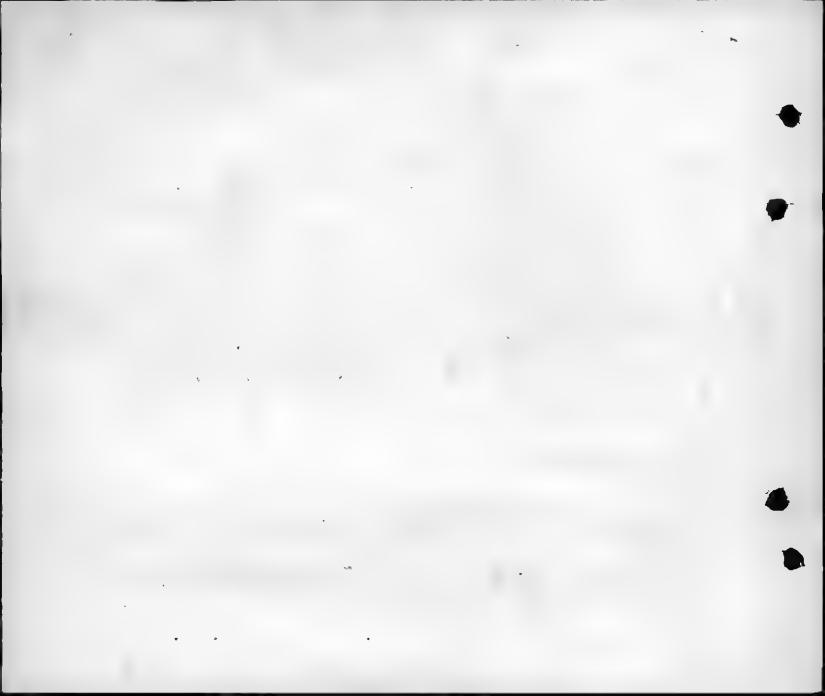
Months

e. IS RESIDENCE

IF UNDER I YEAR IF UNDER 24 HRS

12 CITIZEN OF WHAT COUNTRY?

ON A FARM? YES NO Z



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Georges Co. Maryland 24b. REGISTRAR'S SIGNATURE

ON A FARM?

YES NO TE

Year

19

PERFORMED? YES NO NO

(State)

(Stote)

Hours

VS A15 (4) 15M 9/5B



6949

Reg. Dist. No. 215

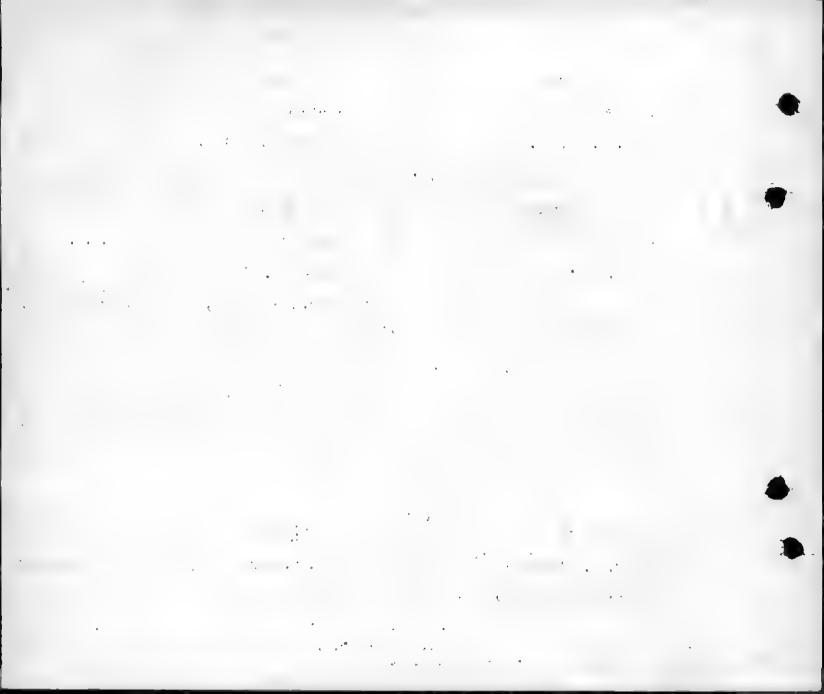
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_													
Ĩ	o. COUNTY	Van de name de la		MARYLA	11	USUAL RESIDENCE			d lived. If instituti 6 COUNTY		ice before	odmissi	on}
+	b. CITY OR TOWN (IF	Montgomery Toutside corporate limit	s, write	c. LENGTH OF STAY IN		Maryl.			prote limits, write R	URAL ond	give neare	st lown	1
1	RURAL and give ne	da (Rural)		15 days		Hvattsv	437	i e					
H	d NAME OF HOSPITA	AL (If nat in hospital, gi	ve street			d STREET ADDRES		LO	,	_	e.	IS RESI	
	OR INSTITUTION	S. Naval Ho	spit	al		834 Ber	ksh	nire I	rive				NO TOK
3	NAME OF DECEASED	Firs	t	Middle		Last		4. DATE OF	Mar	eth .	Day	Y	ear
	(Type or print)	Nellie		Commo		FULLER		DEATH	29) J	June	1	9 59
	i, SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In years lost birthdoy)		1 YEAR IF	-	
Ш	Female	Caucasian	WIDOWI	ED DIVORCED [⊐ ¦ ;	11 October	18	395	63.61 yrs.	Months	Days I	Hours	Min.
1	On USUAL OCCUPATIO	N (Give kind of work d	one 10b.	KIND OF BUSINESS OR	INDUST	Y 11. BIRTHPLACE (S	State c	or foreign c		12.CIT	IZEN OF W	/HAT CO	DUNTRY?
ı	Housew:					Vermon	rti				U.S.A	Α.	
ī	3. FATHER'S NAME			•		14. MOTHER'S MAID		AME					
	William H.	COMMO				Ellen K	TIME	MEA.					
Į,	5. WAS DECEASED EVER	IN U. S. ARMED FORCE		SOCIAL SECURITY NO.	INF	DRMANT		Walest alle	Add	Iress 831	Berl	kshi	re Dr
1	Yes, no or unknowa) (if yes, give wor or dates of se	rvicej	NONE	Sta	anley R. F	T.TI	ER VI		_			
ŀ		TH [Fotor goly one co.	sa per li	ne for (o), (b), and (c).]		×**TC*\ _T(* T	OLA	20219 22	10 0001 10	T IIAC		VAL BET	
	PART I. DEATH WAS CAUSED BY:												
	IMMEDIATE CAUSE (o) U 20.0 DUE TO												
			A.	to use for	7	- 16 -	1	- 0	110-11	->	2	. 71	20
1		onditions, if any, which are rise to immediate (b) Orderhead Elevante Secret States											
1	cause (a), stating t	a), stating the under.											
	Iying cause last. (c) Guerral State Miller of the Company Fart II OTHER SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(T 1/=1 10	WAS A	UTORSY		
100	PART II OTH 200 ACCIDENT WA OR CONTRIBUTING	ER SIGNIFICANT CONL	NI ION 3	CON GROBOTING TO DEATH	1 801 N	DI RECATED TO THE I	EKMIP	AWE DISENS	E CONDITION OF	AEIA NA FAN		PERFO	
1	200 ACCIDENT WA	S LINDERLYING TO	20h DES	CRIBE HOW INJURY OCC	LIPPED	(Enter nature of injur	w in P	art Lat Pat	t II of item 18.1			13	NO [A
- 13	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	200. 010	Chief How Work! Occ	ORRED.	Lines (Miles de liges)	,	di i di i di	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	20c. TIME OF INJURY Hour o. m.	Y Month, Day, Yea			e. PLAC	E OF INJURY (Home, ry, street, office bldg.	farm,	20f. (Cin	y or fown)	(County)		(State)
1	E pm.	19	While at war	k Ot wark	10010	, , sireer, ornee blug.	ry tertes j	1					
	21. I certify the	at Lattended the	deceas	ed from June	14	19 59 to	Ju	me 2º	9. 10.59	that I la	nst saw	the di	ecented
-	alive on			9, and that d									
L	7		2		caiii c	ccorred disp and	A	DDRESS (S	treet, city or town,	state)	5 doie a	DATI	E SIGNED
	ACTUAL SIGNATURE	H. O'CONNE				II. S.	Ms	ຄນາຍ ໄ	HOant tol		0	О Т	EC
		H. O'COMNE	LILI	•	M.	D	1435	CA A CA OF 1	astro.			المداو	me_59
	PHYSICIAN'S F.	H. O'CONNE	وبلل	LT MC USN		Bethes	da	, Mar	yland				
2	20 BUR AL, CREMATION REMOVAL (Specify)		F	22c. NAME OF CEMETE	RY OR	REMATORY		22d LOCA	TION (City, town,	or county)		(State	*)
	Burial	7-2-59		Geo. Washi	ngto				tsville		Md.		
2	3 FUNERAL DIRECTOR		th a	nd Mass. Ave	nue	N.E. 240.	REC'D	BY REGIST		STRAR'S SI			
k	Lee Funer			ngton. D. C.		DATE	ال	UL 2	'59 C	letting .	K. Hum	14	
L.													

filled in by the funeral director, Pages 1 and 2 should be fifed with INITING PHYSICIAM: The low requires that the death cartificate be executed within 24 hours after may **Entertined** by the haspiet thending physician. **TO FUNERAL DIRECTOR:** After this criticate has been signed by the attending physician and cample page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers, the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after deat TO HOSPITAL OR

VS A15 (4) 15M 9/5B

Page 4



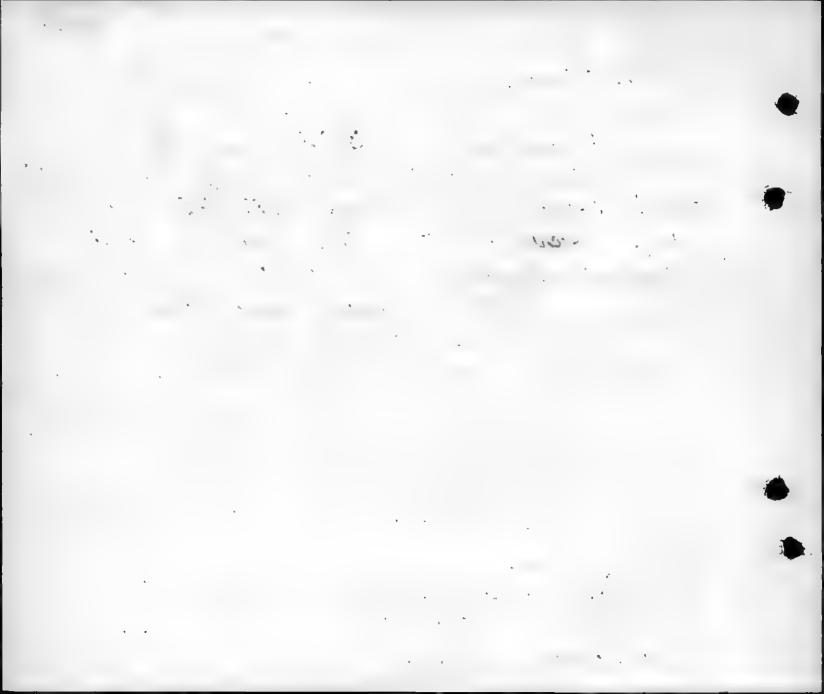
CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH G. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits firste c. LENGTH-OF STAY IN 1b	c. CITY OR TOWN (If oy/side corporate limits, write RURAL and give fearest town)
RURA/Quind give nearest town	L. CITI OK TOWN (II Systice corporate limits, write KOKAL and give yearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION Suburhan	3/19 Ferndale St. YES NO FO
3. NAME OF DECEASED (Type or print) Motella Smith	Darsh Date Month Day Year 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	B DATE OF BIRTH 9.6 GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years IF UNDER 1 YEAR IF UNDER 24 HRS In years If UNDER 1 YEAR IF UNDER 24 HRS If UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDU- during most of working life, even if revired)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Barnet Smith	umbarrow. CTIMA
115. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (1 fra. no. or unknown) (1 frae. no. or unknown)	NFORMANT Address
yes 7	Jurry Garsh (Rusband)
18. CAUSE OF DEATH [Enter only one cause put line for (o), (b), and (c). PART I DEATH WAS CAUSED 8Y-	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6)	Denon 19
Conditions, if any, which	9 9 10 1000
gove rise to immediate musto	words Jen y
lying cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port or Port I af item 18 }
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctary, street, office bldg., etc.)
Hour c.m. 19 While at wark of work	A
21. I certify that dittended the deceased fram	19.5%, to 459, 19, that I last saw the deceased
alive an, and that death	ocgarged atM, from the causes and on the date stated above.
ACTUAL C. C. S.C.	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE	ADDRESS (Street, city or town, stote) M.D. Mallen, M.D. ADDRESS (Street, city or town, stote)
PHYSICIAN'S Sam Allen, Kensington, Ma	" "IRIVIAN "
REMOVAL (Specify) 6/5/59 George Wash	
23. FUNERAL DIRECTOR'S SIGNATURE Medical Scho	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey-Bethesda, Md.	DATE JUN 8 '59 Chilling S. Hama

Page 4 Iilled in by the funeral director, ges I and 2 should be filled with IDING PHYSICIAN: The lam requime that the death certificate be executed within 24 haurs after TO HOSPITAL OR A NDING PHYSICIAN: The lam requirm that the death certificate be executed we may be retained by the haspito standing physician.

TO FUNERAL DIRECTOR: After the ritificate has been signed by the attending physician and cample, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, the registrar priar to burial, cremation, ar removal, and in any event within 72 haugs-effect death.

VS A15 (4) 15M 9/58



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VS A15 (4)

15M 10/57





JENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR EXTENDING PHYSICIAN: The law requires that the death certificate be executed may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After critificate has been signed by the attending physician and campage 3 shauld be detached farme as the burial-transit permit. Then please remays carbon paped the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs offy death.

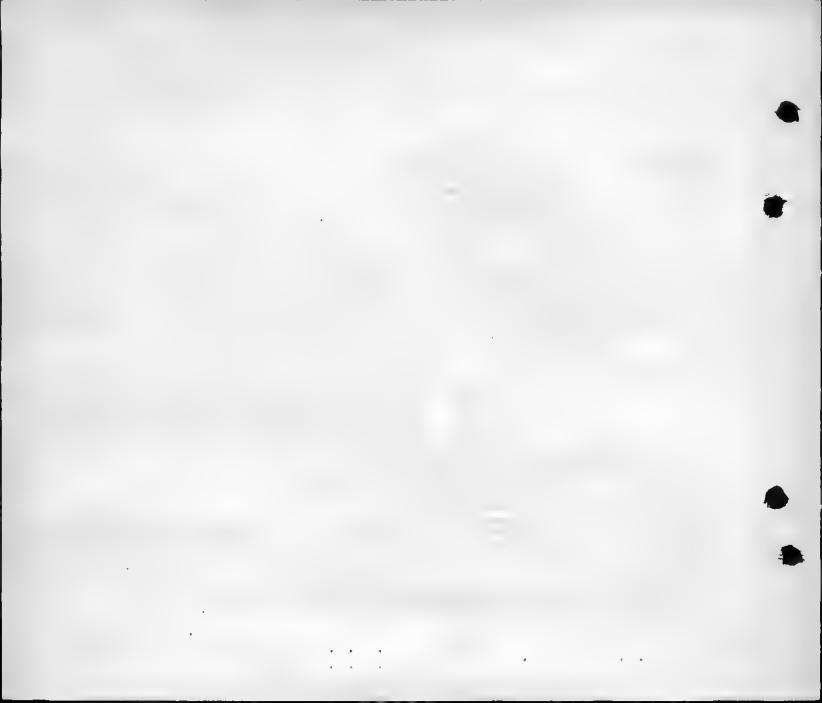
VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (Where decease o. STATE	ed lived. If institutions Residence	before admission)
	Montgomery	MARYLAND	mary land	Prince	= Georges
	b. CITY OR TOWN (If outside Corporate limits, write RURAL one give nearest lows)	c. LENGTH OF STAY IN 15	c CITY OF TOWN (If outside corp	parate limits, write RURAL and gi	
L	TAKAMA PARK, Md.		Haattswell	e 16/2	ol Y
	d. NAME OF HOSPITAL (If not in pospital, give street OR INSTITUTION	. /	d. STAPET ADDRESS		o. IS RESIDENCE ON A FARM?
L	Wash Janstarium	4 14030	1417 Ruata	7 57.	YES NO DE
	3. NAME OF First DECEASED	Middle	* Lost 4. DATE	Month	Doy Year
	(Type or print) Winnifre	d Adele	Cibbons DEATH		11 1959
- 1	6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		YEAR IF UNDER 24 HRS
	F W WIDOW		Oct. 30, 1935	30 yrs.	Pays Hours Min.
- [On USUAL OCCUPATION (Give kind of work done 10b. during most of working life; even if retired)	KIND OF BUSINESS OR INDU	TRY 11 BIRTHPLACE (State or foreign	country) 12. CITI	ZEN OF WHAT COUNTRY
	Mouse culte		Va.		15.A.
- [1	3. FATHER'S NAME	4	14. MOTHER'S MAIDEN NAME	,	
П	George W. Non		MARI Sh	m bock	
li	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
	(Yes, no or unimown) (If yes, give wor or dates of service)	4	11 (/1 1.110)	1 1 01	11 11 11
Ŀ	UNKNOWA		usband - 1417	Kuatan St. 1	Tyatto ville
-1	18. CAUSE OF DEATH [Enter only one couse per li	te for (a), (b), and (c).	1 4		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Mrs-Rolling Cho	ination		1 Survez
П	612 X DUE TO	1 1	4 8 P		
4	Conditions, if any, which] Bas (X	wo Tured	ower thering.	mucle.	
П	gave rise to immediate	0			
	couse (a), stating the under-				
-1	lying cause lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED?
-1	Term Page	noncy -	Delinery		YES NO
- 1	200. ACCIDENT WAS UNDERLYING 205 DES		. (Enter nature of input) in Part 1 or Pa	ort II of item 18.)	
	200. ACCIDENT WAS UNDERLYING 200 DEST OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 201. [Ci	ty or town) (Co	ounty) (State)
	Hour a.m. While		tory, street, office bldg., etc.)		
	21. I certify that I attended the decease		12. 19.57, 10 // A	Cne-1959 that I le	at tow the deceared
			occurred of 10:53 pM, fro		
	dive on	2-/2-, und moi deam		om the couses and on the Street, city of lown, state)	DATE SIGNED
	ACTUAL F			1 11 1	1 / / IT
ı	SIGNATURE CONTROL OF C	-vanille	MD. 880/ COI	25111/1 RC	1, 6/1/15
1	PHYSICIAN'S T	2 - 4 1	1/ = 1/ 5	. , , ,	
	NAME (Type) 15 USS E 11 J	D. ARNOK	1 Silver D	Pring, MO	
	20 BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d LOC	ATION (Oly, town, or county)	(State)
	burial 6/15/59		T	urav. Virgin	18
		90100 St.			
	The S. H. Hines Co.		1 1111 1 1 1 1		
Ŀ	W	ashington 9	D.C. IDATE DUN 1 3	20 COVERMIT 2.	Viewe



. This is on some James from which was it is the s in Cold 74. All. 6. 1 25 Lb 25 1870 47 4 111 16. Russin U.SH

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
--	----

06926

HYATTSVILLE, MARYLAND

24a. REC'D BY REGISTRAR

DANUN 2 9 '59

24b. REGISTRAR'S SIGNATURE

Colina S. Kines

	68	380	CERTIFIC	ATE OF DEAT	H	Reg	Dist. No.	
1. PLACE OF DEATH o. COUNTY	MONTGOMERY		MARYLAND	2 USUAL RESIDENCE (W o. STATE MARYL	h	COUNTY	idence before NTGOME	
6. CITY OR TOWN RURAL and give TAKOMA P		write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		its, write RURAL o	and give neare	it tawn)
	NTAL (If not in hospital, give	street o	ddress)	d. STREET ADDRESS	ON LANE			IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First HARR	Y	Middle	GOLD	4. DATE OF DEATH	Month JUNE	Doy 17	Yeor 1959
5. SEX MALE		MARRI VIDOWEI	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH DEC. 1883	9 AGE last	birthday) Mani		UNDER 24 HRS Haurs Min.
during most of we MERCHANT-	orking life, even if retired)	ne 10b. I	IND OF BUSINESS OR IND	POLAND	ar foreign country)	12.	U.S.A	WHAT COUNTRY?
MORRIS N.	COT.D			14. MOTHER'S MAIDEN UNKNOWN	NAME			
	/ER IN U. S. ARMED FORCE			INFORMANT	603 BARRO	Address ON ST., V	YASH.,	12, D.C.
Canditions, if gave rise to cate (a), statin lying cause las	immediate DUE TO	Co.	gestere been	t failure and	surery.	Lenosden	om 10	AND DEATH
CATIO				IT NOT RELATED TO THE TERM				WAS AUTOPSY PERFORMED? 'ES NO 1
	VAS UNDERLYING 2 IG CAUSE OF DEATH FY MEDICAL EXAMINER;	0b. DESC	RIBE HOW INJURY OCCURE	RED. (Enter nature of injury in	Port I or Part II af it	lem 18.)		
20c. TIME OF INJU Hour o, m p. m	10	20d. IN While at work	Nat while	PLACE OF INJURY IHome, fari factory, street, affice bldg., et	m, 20f. (City or tow	n)	(Caunly)	(State)
ACTUAL SIGNATURE	that I attended the a	185	and that deal	, 19.57, to_ th occurred at 1.30 (M, from the ADDRESS (Street, ci	causes and a		the deceased stated above. DATE SIGNED
NAME (Type)	BLAIR H. EIG	is like	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (C	ily, lawn, ar cour	ity)	(Stote)

MT. LEBANON CELETERY

ADDRESS

6-19-59

B. DANZANSKY & SONS 3501 14th ST., N.W.

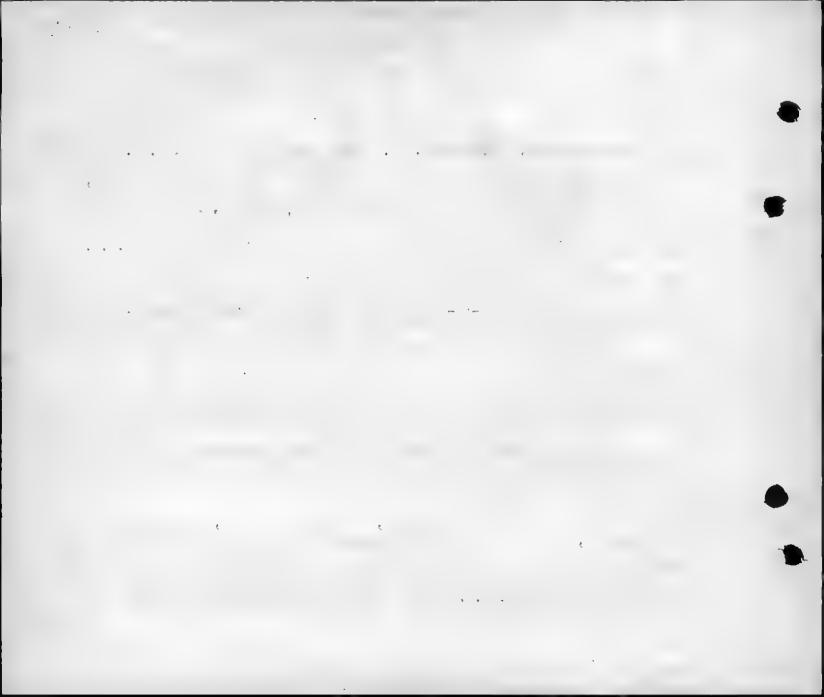
23. FUNERAL DIRECTOR'S SIGNATURE



Ony

VS A15 (4)

1SM 10/57



FOR STATE

HEALTH DEPT.

*

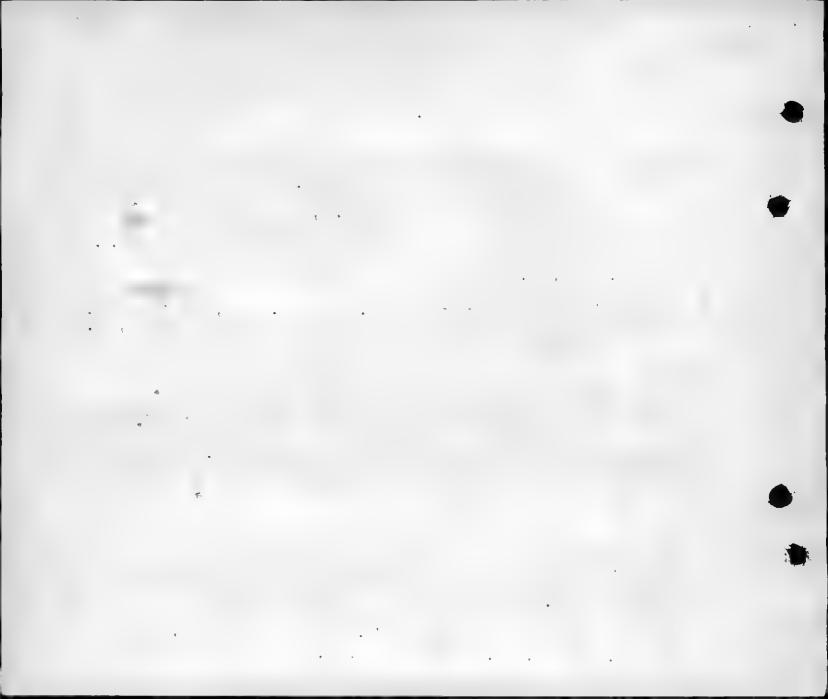
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary please execute the certificate, withing a ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 2 to the funeral direction 4 should be forwarded to the self-field Examiner's Office along with form PM3. Page 5 be relatined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72-hapts offer death.

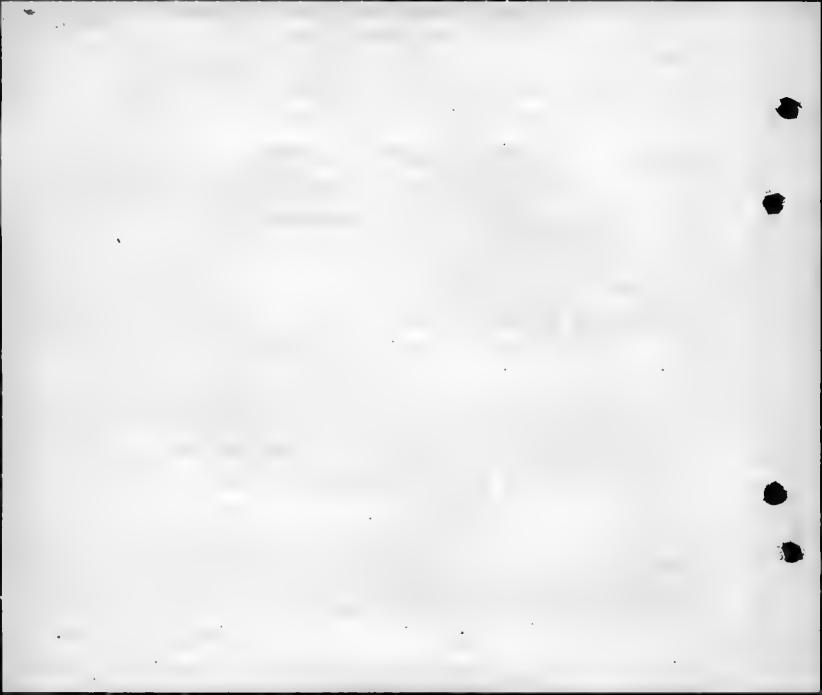
VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Peg Dist No.

						1 0 10 110 1			
, PLACE OF DEATH	NTGOMERY	MARYLAND	2. USUAL RESIDENCE (V			desidence before admission) AONTGOMERY			
	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16	c CITY OR TOWN (II	f outside carporate	limits, write RURAL	ond give nearest tawn)			
and give measured found	ER SPRING	SILVER SPRING							
	AL OR INSTITUTION (If not in	5 yrs.	d STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	e, IS KES DE			
	LORAL STREET			PRAL STRE	et	YES NO			
3. NAME OF DECEASED	First	Middle	LosI	4. DATE	Month	Doy Year			
(Type or print)	JOSEPH	VINCENT	GOUGH JR.	DEATH	JUNE	30 19 5			
5. SEX	6. COLOR OR RACE 7- MA	RRIED X NEVER MARRIED 3	Williams	9. AC		IDER TYEAR IF UNDER 24			
MALE	WHITE WICE	WED DIVORCED	AUG. 4, 1916		h rthdoy) Mont	hs Days Hours Min			
100. USUAL OCCUPATION during most of working	N (Give kind of work done 10	%, KIND OF BUSINESS OR INDUST	RY 11 BIRTHPLACE (Stote	or foreign country	12	CITIZEN OF WHAT COUR			
	r (Mayflower	PENNSYI	LVATIA	I	J.S.A.				
13. FATHER'S NAME									
JOSEPH V.	GOUGH, SR.		CATHERINE	E DOUGHER	TY				
	R IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IP	IFORMANT		Address				
(Yes, no, or unknown)	(III yes, give war or doles of service)	100 00 1007	Blanche T.	Cough		nal St			
	H [Enter only one couse per	TIL.	branche 1	where he is again by the first	ver Sprin	t for other and			
	H WAS CAUSED BY:	rine far (a), (b), and (c). }		211	ser Shrri	ONSEL WAD DEATH			
70017.0501	IMMEDIATE CAUSE (a)	Coronary occlu	1sion			Found dea			
420.1	DUE TO					in bed			
Conditions, if or									
1 *	gave rise to immediate cause (a), stating the underlying DUE TO								
couse lost.	covse lost. (c)								
PART II, OTH	ER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM.	IINALDISEASE CON	DITION GIVEN IN	PART 1(a) 19. WAS AUTO PERFORMED YES NO			
PART II, OTH 20g. EXTERNAL CAU PRIMARY O or COP CAUSE OF DEATH.	SE WAS 206 DESC	CRIBE HOW INJURY OCCURRED. (E	nter nature of injury in For	rt I or Part It of iter	n 18.)				
20c. TIME OF INJUR	\	Od. INJURY OCCURRED 20e PLAI While Not while focts t work at work	CE OF INJURY (Home, form ory, street, office bldg., etc.	n. 20f. (City or to	vn)	(Sie			
21. I certify th	at I taak charge of t	ne remains described aba	ve, held an Autops	y , Inspec	tion , Inc	quiry , and in			
opinian death	resulted fram. Natur	of causes 🕱 . Accident []. Suicide [],	Hamicide .	Undetermine	ed manner 🔲			
	1								
ACTUAL SIGNATURE	trans & Br	ochen	CHIEF MEDICAL E	XAMINER [DATE SIGNE			
SIGNATURE	proving says		ASSISTANT MEDIC	AL EXAMINER		6/30/59			
EXAMINER'S NAME (Type)	FRANK G. BROSE	CHART	DEPUTY MEDICAL						
220. BURIAL, CREMAT O REMOVAL (Specify) BURIAL	7/3/59	22c NAME OF CEMETERY OR ARLINGTON NAT			TON, VIR				
23. FUNERAL DIRECTOR		C STYVER SPRI	NG. MD. 240 REC	D BY REGISTRAR	246, REGISTRAR	S SIGNATURE			



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	-06929
2	6956 CERTIFICATE OF DEATH	Reg. Dist. No.
	PLACE OF DEATH o. COUNTY O. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b) c. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b)	Montgomery Montgomery
10	a NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS ROUTE 13 TOOKE Grove Attribute Hospital ROUTE 3	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yet lost bigthod) by the lost bigthod by the lost by the lost bigthod by the lost bigthod by the lost by the lost bigthod by the lost bigthod by the lost by the	Month Day Year 1 H 2 29 1959 Ors IF UNDER 1 YEAR IF UNDER 24 H/S
10		y) Months Doys Hours Min 12 CITIZEN OF WHAT COUNTRY?
15.		Ricketts Address HILL
J	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c)] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cancer was Rt. Breast C	174, 3 174 H 174, 18 INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse tost. (b) DOM Molecular DUE TO (c)	3MD
PEICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 1B.)	YES NO
MEDICAL CERT	20a. ACCIDENT WAS UNDERLYING DONE DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING AUGUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Month, Day, Year While Not while of work of two ork of two	(County) (Stote)
	10 10 10 10 10 10 10 10 10 10 10 10 10 1	
1	PHYSICIAN'S TO HA B. 31ch let H. D.	2 29/200
	BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, low BUYLL Tabor Etchison FUNERAL DIRECTOR'S SIGNATURE 22b. REC'D BY REGISTRAR 24b. RE	Md.
	Can Table Faut and Table	Onthus & Hissa



	CEPTIFIC	ATE OF DEATH	06930
_	5881 CERTIFIC	Reg. Dis	t. No.
16	LACE OF DEATH COUNTY MARYLAND	2 USUAL RESIDENCE (Where deceased lived, If Institution: Residence as STATE /	te before admission)
	monigomery MARYLAND	Maryland. Me	0190 mev.
	CITY OR TOWN HT outside carporate fimile, write c. LENGTH OF STAY IN 16	c CITY OR TOWN (If butside corporate limits, write RURAL and g	ive (earest tawn)
	akoma Carlo 14 dans	Silver Spring	0
	NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS	e. IS RESIDENCE
J	ashing on Santarium alloshi	8712 Colesville Rd	YES NO X
3.	IAME OF First Middle	Lost 4. DATE Month	Day Yeor
	Type or print) Type or Print)	C CALOUR DEATH 6 -	16 19.5
5. 1		8 DATE OF BIRTH 9. AGE (In years IF UNDER	
F	Emale White WIDOWED DIVORCED	4-12-82 Months	Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11 BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
	Mouse wille.	VIVEIDID	merica.
13.	ATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	Charles Timmons	Liven Embren	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
,	No -	Hospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	2 / V	ONSET, AND DEATH
	IMMEDIATE CAUSE (a)		To compe
	7 1 1	lenocarcinoma bladder	5 Wars
	gove rise to immediate (and fremental of the control	
	lying cause last (a) Semisling the under (b) Semislined me	Bartasas from Carcinone Bust	3 zRassie
z	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT SELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN BART	1(a) 19. WAS AUTOPSY
E S	Pathological Fracture Rt Thigh	deo to law notastored-	PERFORMED?
FIC		RED (Enter nature of injury in Part 1 or Part 11 of item 18.)	YES NO P
CERTIFICATION	OR CONTRIBUTING TO CAUSE OF DEATH	co (this income of theory in real for run is of hear is.)	
		MACE OF MINISTRAL	
MEDICAL	Hour a. m. While Not while	PLACE OF INJURY (Hame, farm, 20f (City ar town) (Ciaclary, treet, office bldg, etc.)	aunty) (5lote)
×	p. m. 19 of work of work		
	21. I certify that Lattended the deceased fram.	0-, 1957, to E-15, 1959, that I le	ast saw the decease
	alive on 6 7/6 7, and that deal	th accurred at A. M. from the causes and an th	e date stated above
	and all the	ADDRESS (Street, city or lawn, state)	DATE SIGNE
	SIGNATURE // Chaewahullh	MO. 8005 Woodbury Dure	****
	PHYSICIAN'S VC S/	1.1 01	0 0
	NAME (Type) 1. C. DOC Walley, M.D.	- Allers spring, Man	your
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d (OCATION (City, town, or county)	(State)
_/	SURIAL 16-18-57 FT LINO	OLAD BLADENSBURG	MD
23	UNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b REGISTRAR'S SIG	10
h	Day June of Home 4812 Da	action 18 DATE JUN 1 8 '59 aritur &	Firmula

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After carlificate has been signed by the attending physician and campage 3 shauld be detached for as the burial transit permit. Then please remove carbon page the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/5S

eath. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

ly filled in by the Toneral director, Pages 1 and 2 should be filgat-with



			000	CERTIFICA	AIL OI D	LAIII			leg. Dist. N	0.	
	1. 1	PLACE OF DEATH				ENCE (When	re deceased liv	d. If institutions	Residence be	fore admi:	sion)
	Montgomery			MARYLAND	o. STATE	arv1	and	b. COUNTY	Montg	omer	V
į		. CITY OR TOWN (IF	outside corporate limits, v	write c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If out	outside corporate limits, write RURAL and give nearest town)				
		Bethesda	•		X B	Bethe	sda				
,		OR INSTITUTION	(If not in hospital, give	street address)	d. STREET AD	DDRESS				e. IS RE	SIDENCE A FARM?
-		10401 Mc		zenue	1	10401	Mont	cose Av	enue] NO [3
	3.	NAME OF DECEASED	First	Middle	Lost		4. DATE OF	Month	0	oy	Yeor
		(Type or print)	BENJAMIN	JAMES	HAMILI	NO	DEATH	June	1	9	19 59
i	5. 9	EX	6. COLOR OR RACE 7.	MARRIED ONEVER MARRIED	8 DATE OF BIRTH		9. /		UNDER 1 YEA	-	ER 24 HRS.
		Male	White w	IDOWED DIVORCED	July 24	, 18		73 yrs.	10 16	Hours	Min.
	10a	USUAL OCCUPATION during most of working	(Give kind of work done	106. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLA	CE (Stole or	r foreign count	וא	12. CITIZEN	OF WHA	COUNTRY?
	C		n Manager	R.L Voight 8	k ¢o (Georg	ia		US		
	13.	FATHER'S NAME			14 MOTHER'S	MAIDEN NA	ME				
		William	Hamilton		7	?	Longle	e y			
	15.		IN U. 5 ARMED FORCES		INFORMANT			Addres			
		io		364-14-1887	Lela J	Hami	lton-c	laughte	r-same	e as	2d
			i [Enter only one couse	per line for (o), (b), and (c).]						TERVAL 8	
		PART I. DEATH	I WAS CAUSED BY: MMEDIATE CAUSE (0)	Al Almi	at , the	222	envit	/.	. Or	ISET AND	TOTAL
		15/X	DUE TO			-		A		7	
		Conditions, if ony	which) (b)	Car Cun	orna Ti	251	2 . 1 .	The Soi	est d	.5	light t
		gove rise to Imi couse (a), stating the	mediate (Dus 70	11 *			- 6	/ -			A
		lying couse lost.	(c)	(arein	Duna	, 5	> Lang	スナイレ		12	1126
A	Z	PART II. OTHE	R SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE CO	NDITION GIVEN	IN PART 1(o)	19. WAS	AUTOPSY DRMED?
0	CERTIFICATION		31010	7417718, Cr	HRON	100					NO 🚺
	TIE	20a. ACCIDENT WAS	UNDERLYING 200	b. DESCRIBE HOW INJURY OCCURRE	D (Enter noture of	injury in Po	ort For Part II o	of item 18)			
		OR CONTRIBUTING [EDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJURY		E .	ACE OF INJURY (H	lome, farm,	20f (Cily or	lown)	(County	r)	(State)
	MED	Hour o.m.		While Not while of work at work	ciory, meet, arres	Diog., etc.)					
		21. I certify that	Lattended the de	ceased from OC	T. 1957	, to	6/1	9 1954	that I last	sow the	decensed
		alive on	6/18	19.59_, and that death	a occurred of	0854					
			13 3					, city or lawn, sta			ATE SIGNED
		ACTUAL SIGNATURE	varied	1. D. W. Jaz 15 h	M.D. 48	90 /	37775	EV by	21E	61	19/
1			14	17.		# _#	المنظم المساملة المعروب المارية	Ø 13	24		,4/,
1		PHYSICIAN'S NAME (Type)	Himilt.	Sc. SAUA-581,	R. F. S. 3	2 []	7. (4 K	(L	
	220	BURIAL CREMATION	22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	1	22d LOCATION	(City, town, or	county)	(Sto	te)
	F	REMOVAL (Specify)	6/22/59	Parklawn	Cemeter	7	Roc	kville.	Mary	land	
		FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS			BY REGISTRAR	24b REGISTR	AR'S SIGNAT		
	1	med 1 . a A	D b	- D-thest- M	annal and		N 0 0 1ED	0.1	2 8 40	ALLA	

may be retained the hospital or attending physicion.

TO FUNERAL DIRECTOR: After partificate has been signed by the ottending physicion and compage 3 should be detached former as the buriol-transit permit. Then please remove corbon paper the registrar prior to buriol, cremation, or removal, and in any event within 72 haurs offer death. TO HOSPITAL OR VS A15 (4) 1SM 9/5S

by the ronerol director, d 2 should be filed with

in by

toth. Page 4

PHYSICIAN: The low requires that the death certificate be executed within 12 liques aft

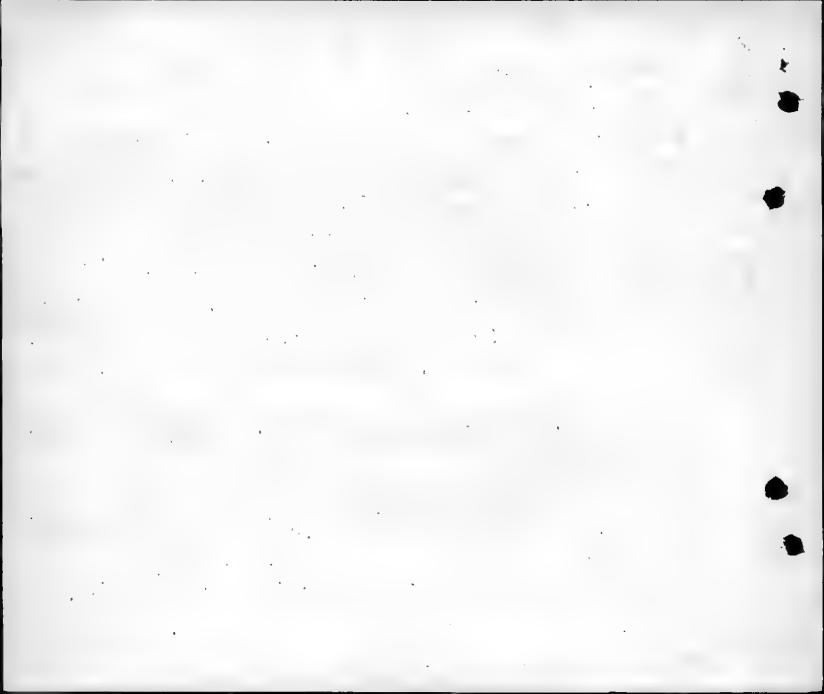


	L.,				Reg. Dist.	No.
	1 (PLACE OF DEATH ON THOME 12 MARYLAND 2.	O. STATE		If institution: Residence	before admission)
	1	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RUPAL and give nearest lown)	c. CITY OR TOWN (If o	utside corporate lim	ills, write RURAL and give	nearest lawn)
		DE TIES DIT ATTONIAS	50111	ERSE	7	, .
]	d NAME OF HOSPITAL (If not in hospital, give street oddress) 8004 Bradmoor :Drive	d. STREET ADDRESS	166	I-STREE	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print) MAMIE (No middle nage) H;	ARG15	4. DATE OF DEATH	TUNE 2	Day Year . 9 . 1959
	5. \$	FEMALE WHITE WIDOWED DIVORCED USE	TAN. 28, 18	92 % AGI		YEAR IF UNDER 24 HRS Hours Min,
	10a	a. USLAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	Y 11, BIRTHPLACE (Stote	or foreign country)	12. CITIZEI	NOF WHAT COUNTRY?
1	13.		NANCY	JAN.	F BUG	24
,		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 11 (1) year, give wor or dotter of service) NONE NR	S. MARY L	SHORT	8604 BRAD	MOOR PK.
		18. CAUSE OF DEATH {Enter only one couse per line for (a), (b), and (c) } PART J. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) CEREBRAZ	THROI	180515		INTERVAL BETWEEN ONSETHAND DEATH
			TERIDSCL	EROS7S		20 YEARS
		gove rise to immediate couse (a), stating the under-lying couse lost. DUE TO				
	CATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO MULTIPLE SCLEROSIS	- 10 YEA	ARS DU	RATION	PERFORMED? YES NO
	L CERTIFI		Enter noture of injury in I	Port I or Port II of i	tem 18)	
	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 10 PLACE foctors 19 at work at work	OF INJURY (Home, form y, street, office bldg., etc.	, 20f. (City or tow	n) (Cou	nty) (Stote)
		21. I certify that I attended the deceased from CCTOBER	1957, to J	INE 29	, 195 Ithat I last	saw the deceased
		alive an Jyl 27 and that death ac	ccurred at 19150P		auses and an the d	late stated abave
		ACTUAL SIGNATURE MASSIGNATURE M.D. M.D.	94	ADDRESS (Street c	Les golous	Load DATE SIGNED
		PHYSICIAN'S JOSEPH D. CONNOR, M.P.	Betho	sda 11	+ Mary	land
	zzo Bu	b Burial, Cremation, 226. Date thereof 22c. Name of Cemetery or Ci provincia in the company of t			Kentucky	(\$tote)
	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIGN	
	Ro	obert A. Pumphrey, Bethesda, Maryla	and DATE J	UL 6 '59	Circum D.	90000

DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after physician and comple an death. durs an othending ! TO HOSPITAL OR A DING PHYSICIAN: The law requires that the demay be retained by the hospital then difficate has been signed by the attended 3 should be detached for use as the burial-transit permit. Then plithe registrar prior to burial, cremation, ar removal, and in any event with

VS A15 (4) 15M 9/58

filled in by the funeral director ages I and 2 should be filed with



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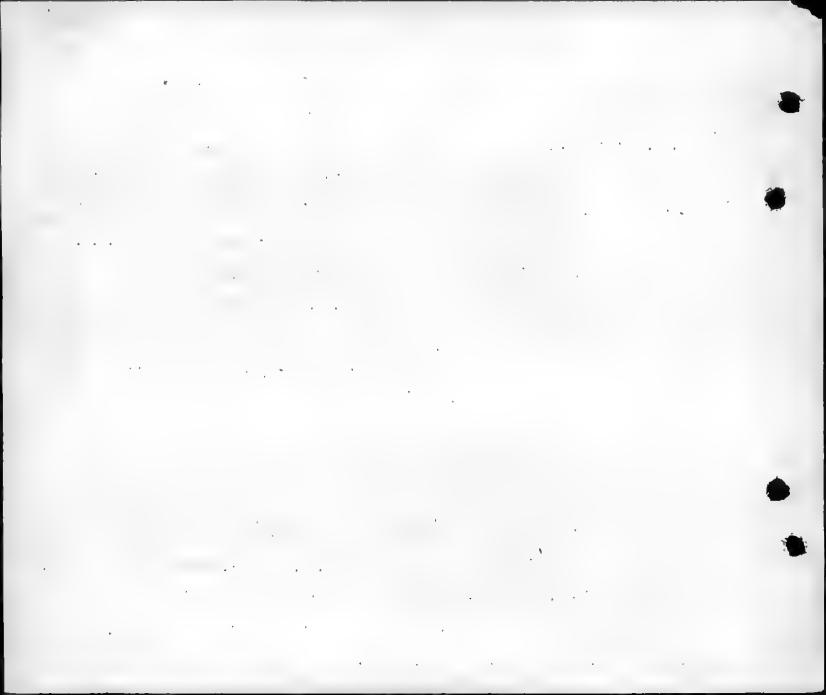
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VS A1S (4)

15M 9758

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



		59	DU	CERTIF	·ICA	IE OF DEATE	1		Reg. Dis	t. No.		
Ì	1. PLACE OF DEATH COUNTY Bothesda	Montsom	en	MARYL	AND	2. USUAL RESIDENCE (WAS 0. STATE Haryland	era decease	b. COUNTY	on: Residence			1
1	b CITY OR TOWN (# RURAL and give no	f outside corpetate limits	wife	c. LENGTH OF STAY IF	V 16	c. CITY OR TOWN (If o	utside corpo					
-1	Bethesda		0	35 days		Hvattsvil	_		2.75	,e s		\
	d. NAME OF HOSPIT	AL (If not in haspital, giv	e street o	iddress)		d. STREET ADDRESS				e.	IS RESIDE	NCE
E.		ical Center			Md	2720 Kirk	wood	Place			ON A FA	
Ī	3 NAME OF	First		Middle		Lost	4. DATE	Mon	th :	Doy	Yeo	r
1	DECEASED (Type or print)	Bruc	е	Tipton	1	Heffley	OF DEATH	June	9	1.	19	59
1	S. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED		DATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR II		
1	Male	White	WIDOWE	D DIVORCED		May 28. 195	55	last birthday)	Months	Days	Hours	Min
ı	100. USUAL OCCUPATIO	N (Give kind of work de	ne 10b I	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (State		ountry)	12. CITI	ZEN OF	WHAT CO	DUNTRY
1	Child	during most of working life, even if retired) Child None Washington. D. C.				Ţ	U. S. A.					
Ì	13. FATHER'S NAME											
	Robert J	. Heffley				Mary S.	Bake	r				
1	IS WAS DECEASED EVE	R IN U. S. ARMED FORC		SOCIAL SECURITY NO	17 IN	ORMANTThe Medi			ess.			
1	N O	(If yet, give war ar dates of ser	nce)	None		Clinical Ce			a 11.	Mary	rland	
	18. CAUSE OF DEA	TH [Enter only one cou	se per lin	e for (a), (b), and (c).]						INTER	VAL BETW	
4	PART I. DEA	TH WAS CAUSED BY:	Sub	dural Hemor	rhag	ge .				ONSE.	I AND DE	ATH
1	4.0	DUE TO										
1	Conditions, if or	ny, which) (b)_	Acu	te Lymphocy	tic	Leukemia				Mor	ths	
-	gove rise to immediate couse (o), storing the under-									-		
lying couse lost.												
		er significant cond strointesti			H BUT N	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUT PERFORM TES [2] N	LED7
	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESC	RIBE HOW INJURY OC	CURRED.	(Enter noture of injury in P	ort I or Por	t II of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Year	While	UURY OCCURRED Not white	Oe. PLAC	E OF INJURY IHome, farm, rry, street, affice bldg., etc.	20f. (City	or town)	(C	ounty)		(Stote)
		ot I attended the oune 1	decease ., 195			occurred at 7:00 The Clini	Loal C	n the causes a	nd an th	e date	stated	abave SIGNE
		Harold R. S				Bethesda	114.	Maryland				
	220. BURIAL, CREMATION REMOVAL (Specify) DUPIAL	6/5/59		Arlingto		crematory at.Cometer		rlingto		а.	(Stote)	
	23. FUNERAL DIRECTOR'S	SIGNATURE				D.C. 24a. REC'E	BY REGIST	RAR 246 REGIS	TRAR'S SIG	NATURE		
	The S H F	Hines Co.	200	1 lith St	Ň	Tal Dave	nin 3	150 (William .	8 Hua	ud	

ath: Page 4 filled in by the Power director, ges 1 and 2 shauld be filed with IDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after may be retained to be haspitated by the attending physician.

TO FUNERAL DIRECTOD: After the criticate has been signed by the attending physician and campage 3 should be detached for the surial-transit permit. Then please remave carbon paper the registrar prior to burial, cremation, ar remaval, and in any event within 72 haust-after death. TO HOUSITAL OR

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VS A15 (4) 1SM 10/57



VS A1S (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06935

	65	961	CERTIFI	CATE O	F DEAT	Н		Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY Montgomer	y		MARYLAN	o. STAT	RESIDENCE (W		lived. If institution b. COUNTY	D.C.	ore admission)
	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY IN	1	42.1		ite limits, write Rt		arest tawn)
d NAME OF HOSE	en Hospital	give street o			EET ADDRESS 32 McKi	nnlev S	7./		e. IS RESIDENC ON A FARM' YES NO
3. NAME OF DECEASED (Type or print)		rst	Middle C	Hens	Lost	4. DATE OF DEATH	June	h De	y Year
s. sex Female	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED			898	AGE (In years lost birthdoy) 60 yrs.	Months Doys	- Par
100. USUAL OCCUPAT during most of wo Statistic 13. FATHER'S NAME	- and the order is remove	1	VIND OF BUSINESS OR III	DUSTRY 11, BII	RTHPLACE (SIGNATION OF SIGNATURE SIG	Green Va.	intry)	1	F WHAT COUNTI
Wm. Ritte 15. WAS DECEASED EV (Yes. no. or unknown) NO	er Carter VER IN U. S. ARMED FOI	(ensystem)	OCIAL SECURITY NO.	INFORMANT Edmund	mogene l L. He	Hearn enshaw	Adq	löute 4	stbria
Conditions if gave rise to cause (a), stating lying cause last	immediate DUE TO		atus Asthmat		sth	HAQ.	CONDITION CIV	ENLIN BART I/al	JE OLF
OR CONTRIBUTION	VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	_	RIBE HOW INJURY OCCL						PERFORMED? YES NO
ZOC TIME OF INJE Hour a.m.	10	or 20d. IN While of work	Not while	PLACE OF INJ factory, street,	URY (Home, for office bldg., et	m, 20f (City o	or lown)	(County)	(Sto
actual SIGNATURE PHYSICIAN'S	Robert B	19 5	and that de	M.D	55/6	M, fram II	he causes and the causes are caused and the causes are caused and the causes and the causes are caused and the causes and the causes are caused and the causes and the caus	d an the date state)	
220 BURIAL, CREMATI BULLES (Specification)	ON. 22b. DATE THEREO	OF .	22: NAME OF CEMETER Lakewood (Y OR CREMATO	RY		ON (City, town, c	or county)	(Stote)
23 FUNERAL DIRECTO	r's SIGNATURE Iines Co.,	2901 Wash	_ ADDRESS	N.W.	24a REC	D BY REGISTRUN 1 7 5	AR 24b REGIS	TRAR'S SIGNATU	IRE

no of the property

Pag Dist No

L	0000 GENTINIC		Reg. Dist. No.
1	PLACE OF DEATH a COUNTY,		d, If institution Residence before admission)
	MONTGOMERY MARYLAND	O. STATE MORYLAND	6 COUNTY MONTGOMERY
Γ	b. CITY OR TOWN (if autside corporate limits, write c. LENGTH OF STAY IN 16 PURAL and give nearest town)	c. CITY OR TOWN (If outside carporate	limits, write RURAL and give nearest town)
	MOCKVILLE 76 yrs.	26 KOCKYILLE	
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e is residence on a farm?
-	109 North Van Buren St.	109 NORTH YAN L	DUREN YES NO DE
3	NAME OF First Middle DECEASED (Type or print) ELIZABETH (ISM DHRE	DATE OF DEATH A	JUNE 19 19 59
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. A	GE (In years IF UNDER) YEAR IF UNDER 24 HRS
1	EMALE WHITE WIDOWED DIVORCED	30 APRIL 1883	Months Days Hours Min.
10	Ou USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11_BIRTHPLACE (State or foreign countr	y) 12. CITIZEN OF WHAT COUNTRY
	HOUSEWIFE	MARYLAND	USA
1:	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	NILLIAN MEGBEN TUMPHREY	HARRIET HUGUST	A SHEKELL
	WAS DECEASED EVER IN U. S. ARMED FORCES? (es no. or unknown) [III yes, give wor or dates of service)	INFORMANT D	20 Address 00 57 0
	9	Kothewharly	Chary Chay MR.
Γ	IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]	11	INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (D) CELEVIAL	Moulius	2 who
	332X DUE TO O	1.	
	Canditions, if any, which) (b) Willion De	llrono	2592
	gave rise to immediate cause (a), stating the under-		
	lying cause last. (c)	n	
ACITAC	PART II. OTHER SIGNIFICANT CONDIT ONS CONTRIBUTING TO DEATH A	T NOT RELATED TO THE TERMINAL D SEASE CO	PERFORMED?
		l Culus	YES NO W
Certe		RED. (Enter nature of injury in Part I or Part II a	f item IB-)
14.01.01.01	20c TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Hame, farm, 20f (City or t factory, street, affice bldg , etc.)	own) (Caunty) (State
177	Haur a.m. Pm. 19 at wark of wark	and stage of the s	
	21. I certify that I attended the deceased fram.	1949, 10 19 Jun	4, 1957, that I last saw the deceased
	alive an 10 huns 1959 and that dea	th accurred at 51/57 Arom the	causes and an the date stated above
	Jaliche III	ABORESS (Street,	city or town, state) DATE SIGNET
	SIGNATURE SIGNATURE	M.D. 6/5 W Moulgon	en dol 20 pm
	PHYSICIAN'S NAME (Type) WS MURPHY	Rodavill	I hamland
2	20. BURIAL, CREMAT ON, 226. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION	(City, town, or county) (Stote)
	REMOVAL (Specify) Burial June 22.1959 Rockville (lle. Maryland
2:	warner E. Pumphrey, Inc., Silver Spring	24g. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
L	Maynord Co. Richa	DATEUN 2 3 '59	arthur & Krank

oth Page 4 Pages 1 and 2 should be filed with ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be retained by the hosp or attending physician.

TO FUNERAL DIRECTOR: After entitioned has been signed by the attending physicion and campage 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, the registror prior to burial, cremation, or remayal, and in any event within 72 hours offer death. the hosp TO HOSPITAL OR V\$ A15 (4) 1SM 9/S8



6962 **CERTIFICATE OF DEATH**

Reg. Dist. No.

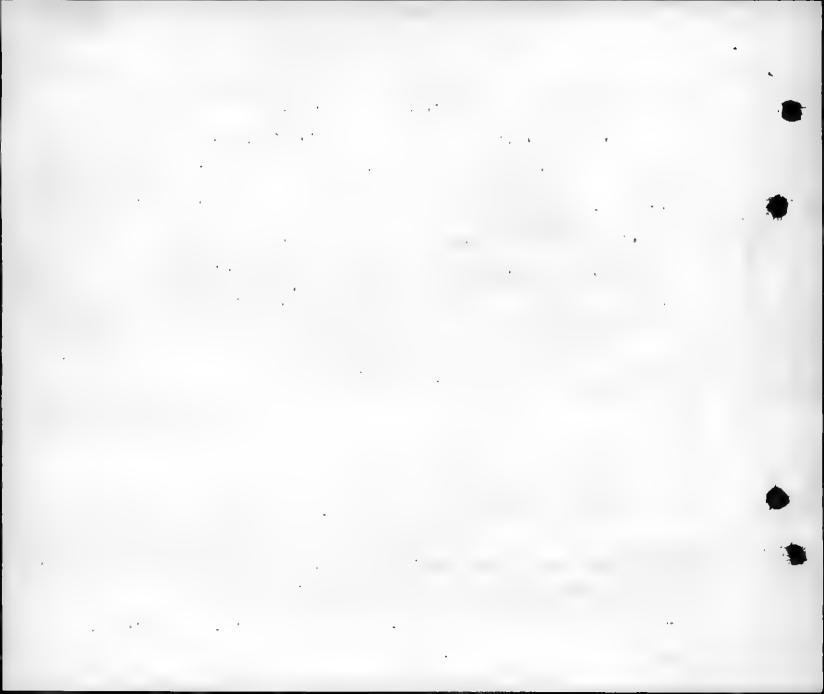
06937

1. PLACE OF DEATH COUNTY Montgomery	MARYLAN	O STATE -	Where deceased I			
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN	c. CITY OR TOWN (te timits, write R	URAL and give	e negrest town)
d. NAME OF HOSPITAL (If not in haspita, give street OR INSTITUTION Suburban Hospi	address) Ltal	/d STREET ADDRESS 7804	Glenbro	ok Rd.	Manth June 13, GE (In years IF UNDER I YEAR IF I I I I I I I I I I I I I I I I I I	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print) JAMES L.	Middle HO	CKENBERRY	4. DATE OF DEATH			Day Year 19 59
5. SEX Male 6. COLOR OR RACE 7. MARI			1899	AGE (In years last birthday) yrs.		YEAR IF UNDER 24 HR Bys Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Project Manager	KIND OF BUSINESS OR IN	Penna.		ntry)		S.
13. FATHER'S NAME Robert Bruce Hokkeni	hammir	14. MOTHER'S MAIDEN	e Loudo	an .		
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)		INFORMANT Wif Erma Hocken	e	Add		Item #2
couse (a), stating the under- lying couse last.		eriosclerosis	BAAINIA) MICCACE	TO NO. TIMAGE	Chi la lo ADT 1	3 yro,
CCATIC					EN IN PARI I	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCU	IRRED (Enter nature of injury	in Port I or Port I	l of item IB)		
O Hour o.m. White		PLACE OF INJURY (Home, for factory, street, office bldg ,		r łown)	(Co	unty) (Slate
0 13,	sed fram Staley 1.59, and that de	ath accurred at y	AM, from th ADDRESS (Stre	et, city or town,	d an the a	date stated above DATE SIGNE
PHYSICIAN'S WARREN D. BR	ILL	Washir	ngton,	D. C.		
220. Burial, CREMATION, 225. DATE THEREOF Burial Transit 6-16-59	22c NAME OF CEMETER Arlingto	Y OR CREMATORY				(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY,	Bethesda,	Md 240. RI	JUN 1 6 '5			

ath. Page 4 filled in by the funeral director, ges I and 2 should be filed with TSICIAN: The law requires that the death certificate be executed may be retained by the hospin ottending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the ottending physician page 3 should be detached for use as the burial-transit permit. Then please remove can the registrar prior to burial, cremation, or removal, and in any event within 72 hours at

VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

06938

		0000			-	Reg. Dist. N	lo
	1. PLACE OF DEATH 6. COUNTY Montgomery		MARYLAND	2. USUAL RESIDENCE (W) o. STATE Virginia	ere deceased lived, if instri b. COUN		
	b. CITY OR TOWN (If outside of RURAL and give nearest town	orporote limits, write	C. LENGTH OF STAY IN 16	the second second second	outside corporate limits, writ		
	Bethesda		42 days	McLean	Š	×	
3	d. NAME OF HOSPITAL (If not OR INSTITUTION The Clinical		oddress)	d STREET ADDRESS 5642 Cros	Ctmost		e IS RESIDENCE ON A FARM?
	3. NAME OF	First	hesda 14, Md.		1		YES NO DX
	DECEASED (Type or print)	Robert	Taylor	Hoffman, J:	OE.		26, 1959
	S. SEX 6. COLO	R OR RACE 7 MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdo)		AR IF UNDER 24 HRS
		ite WIDOWE		June 22, 190	9 50 y	Months Days	Hours Min
-	Vice-President	ren if retired)	riation Supply	STRY 11. BIRTHPLACE (Stote Maryla)			S.A.
	3. FATHER'S NAME	TI - 6.0		14. MOTHER'S MAIDEN N			
	Robert T.				ine F. Hall		
	IS WAS DECEASED EVER IN U. S. (Yes. no. or uninpero) (If yes, give to			NFORMANT The Me The Clinical			Maryland
			e for (o), (b), and (c).] PONCHOPNEUMI	WIA			NET AND DEATH
	Conditions, if ony, which		16 mos				
	gove rise to immediate cause (a), stating the <u>under</u> lying cause last,	DUE TO CA		SOFT PALATI			20 MOS
7	3 ACUTE	1)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION (GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES IN NO
	20g. ACCIDENT WAS UNDERLOW OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	YING 206, DESC OF DEATH EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port II of item 18.}		
	ZOc. TIME OF INJURY Month, Hour o. m, p. m	While	Not while of work	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	(Count)	y) (Stote)
	21. I certify that I atte	ended the decease	ed from May 15,	. 19 59 to 1	June 26, 19	that Llast	saw the decease
	alive on June 2	6, 12		occurred at 12:40	EM, from the causes	and on the d	late stated above
	ACTUAL SIGNATURE	- H. L	lock	Mp. The	ADDRESS (Street, city or fow Clinical Cent	er	6-26-59
1	PHYSICIAN'S Jack	H. Bloch, F	1. D.		onal Institut esda lu, Mary		alth
/	BUHTALL (Specify)	ATE THEREOF 29/59	22c NAME OF CEMETERY OF ROCK CREEK. C	R CREMATORY	22d. LOCATION (City, fowr		(Stole)
1	28 FUNERAL DIRECTOR'S SIGNATI	1756	Pa. Ave. N.W.	DC 240, REC'D		GISTRAR'S SIGNAT	
	Joseph Rowleis	100 - 100	ras Aves Non		JN 3 0 '59	Chilling & to	Aug

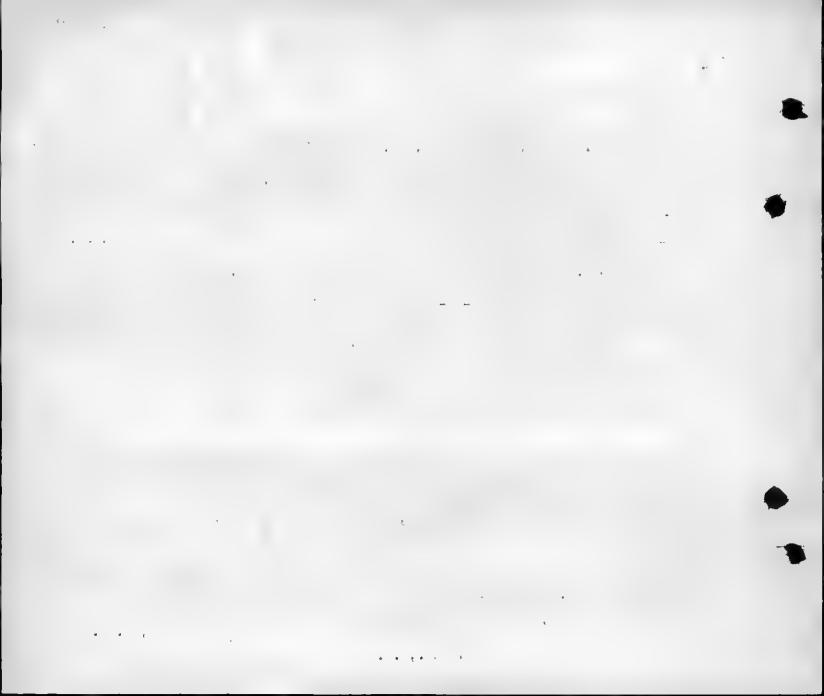
Poge 4 filled in by the funeral director, ages 1 and 2 should be filed with NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter

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may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After it prificate has been signed by the attending physician and comp page 3 should be detached for as the burial-transit permit. Then please remove carbon paper the registror prior to burial, crematian, or remaval, and in any event within 72 hours offer death.

TO HOSPITAL OR VS A15 (4) 15M 10/57



e. IS RESIDENCE ON A FARM?

Hours

YES MO IX

Year

WAS AUTOPSY PERFORMED? YES NO

(State)

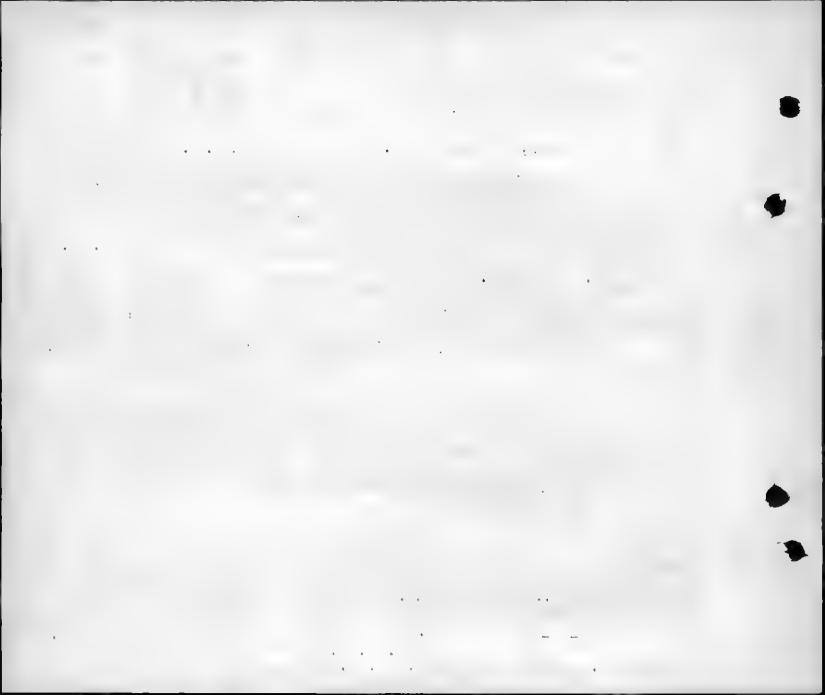
DATE SIGNED

(Slote)

WISC.

1959

15M 10/57



/59

Daniel Black Mar

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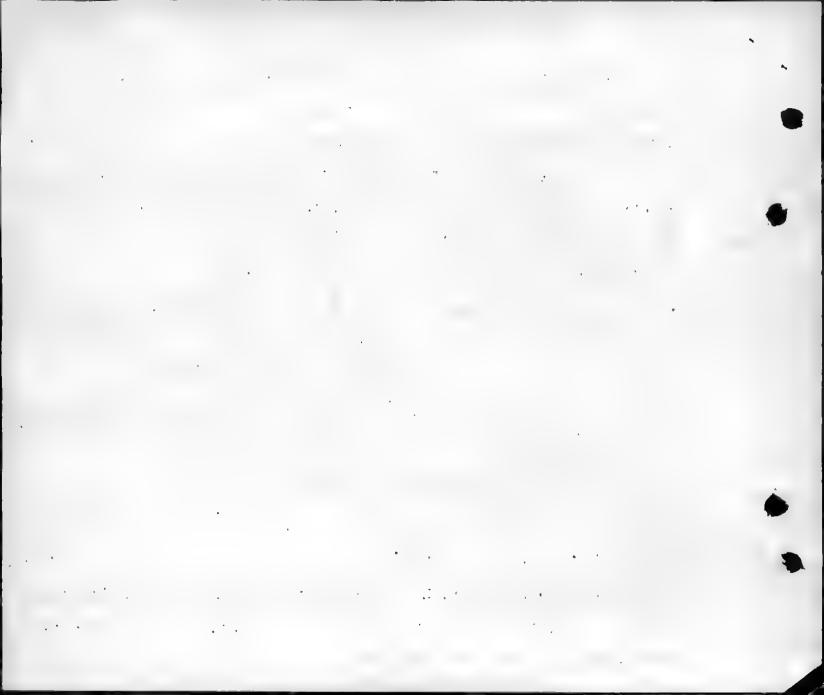
sly filled in by the funeral Pages 1 and 2 should be f cayban papers.

physician and co. e rmit. Then please remave any event within 72 haurs attending

PHYSICIAN: The law requires that the death certificate be execute may be retained by the host or anenany programmer.

TO FUNERAL DIRECTOR: After a certificate has been signed by the page 3 shauld be detached far use as the burial transit permit. Then HOSPITAL ¥\$ A15 (4) 5M 9/58

										Keg. D	51. 140	•	
1. PLACE OF DEATH o. COUNTY Montge	omery		MARYLA		o. STATE	ENCE (Wh	_	ed lived. b.	If instituti COUNTY	Mon	tgor	re odmiss	sion)
b. CITY OR TOWN (If outsi	de corporate limits,	write c. l	ENGTH OF STAY IN	1b ,	c. CITY OR T								
Rockville					Rocky	rille							
d. NAME OF HOSPITAL (IF	not in haspital, give	e street addre	mss)		d. STREET A						1	e. IS RES	
1200 Claget	Drive			- 1	1200	Clage	tteDr	rive				ON A FARM? YES NO	
3. NAME OF	First		Middle		Losi		4. DATE		Mar	th	De	у	Year
DECEASED (Type or print)	Mar	У	Ella		HOLM		DEATH	J	une		29		19 59
5. SEX 6. C	OLOR OR RACE 7	- MARRIED [NEVER MARRIED	В. 1	DATE OF BIRTH	8,195	56	9. AGE	(In years orthday)			_	ER 24 HRS
Female W	hite v	VIDOWED [] DIVORCED [_ •	Jan. /27	4/00	nd A r	15	3 yrs	Months	Deys	Hours	Min
10a USUA, OCCUPATION (Gr during most of working life	ve kind of work do	ne 10b KIND	OF BUSINESS OR I	INDUSTR	Y 11. BIRTHPL	ACE (State	or foreign	country)		12.CIT	IZEN O	WHAT	COUNTRY
None	e, even ir reniredį	C	hild		Mar	yland	1				U	SA	
13. FATHER'S NAME					14. MOTHER'S								
Donald Holm						ginia	Oake	es					
15. WAS DECEASED EVER IN U (Yes, no, or unknown) (If yes, t	I. S. ARMED FORCE give war or deles of servi	S? 16. SOC	AL SECURITY NO.	INFC	RMANT				Add	ress			
No		N	one	Do	nald H	olmes	s-San	ne a	s Ite	m #2			
18. CAUSE OF DEATH (e per line for	(o), (b), and (c).]	- 0								ERVAL BE	
PART I. DEATH WA	AS CAUSED BY: EDIATE CAUSE (0)	1/10	el un	u	Leci-e	1							
*	DUE TO	1	-	1	11	0		M			13	irth	10
Conditions, if any, w	I ID5	60	ugan	ter	r ca	nde	aci	Cha	aces	20	U	200	1
gove rise to immed couse (o), stating the un	iote Due To	11		0									
lying couse lost.	(c)_	U	longe	ud	CSLL								
PART II. OTHER SIG	GNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH	BUT NO	T RELATED TO	THE TERMI	NAL D SEA	SE COND	ITION GIV	EN IN PAI	(a) T	9. WAS	AUTOFSY DRMED?
PART II. OTHER SIG		-										YES [
200 ACC DENT WAS UNI OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC	USE OF DEATH	0b. DESCRIBE	HOW INJURY OCC	URRED. (Enter noture of	injury in F	orilor Po	ert II of ite	em 18.)				
3 20c. TIME OF INJURY Me	onth, Day, Year	20d. INJUR	Y OCCURRED 20		OF INJURY (ly or lawn	1}	(County)	_	(State)
20c. TIME OF INJURY Mo	, 19	While of work	Not while at work	toctor	y, street, office	bldg., etc.							
21. I certify that I	attended the d	lecensed f	ram day	3	1058	, to_ J	imo	29	1059	that I k	ret con	u the c	lacearea
alive on Milly	12	19 50	, and that de		curred at	2 00 a	M fram	the co	USES OF	d on th	e date	state	d above
1	/ /	211	0 0	e			ADDRESS (c doit		TE SIGNED
ACTUAL SIGNATURE	lack	1/h -	Llula	M. F								6	/29/
ν			***		'·								
PHYSICIAN'S Ric	hard M.	Auld,	M. D.	8	30 <u>9 Vie</u>	rs M	ill R	d. R	ockv	ille	Ma	ryla	nd
220. BURIAL, CREMATION, 22	4 .		. NAME OF CEMETE				22d. LOCA			or county)		(Stat	le)
Burial (Specify)	7/2/1959	9 1	Arlington	Nati	onal		Arli	ngto	n		Vi	rgin	ia
23. FUNERAL DIRECTOR'S SIGN			ADDRESS	1		24a. REC'I	D BY REGIS	TRAR	24b REGI	STRAR'S SI	GNATU	RE	
Robert A. Pun	iphrey, B	ethes	da, Mary	land		DATE 111	2 "	59	_ a	Chur &	Hear	A	



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06942

6966

CERTIFICATE OF DEATH

Reg.		

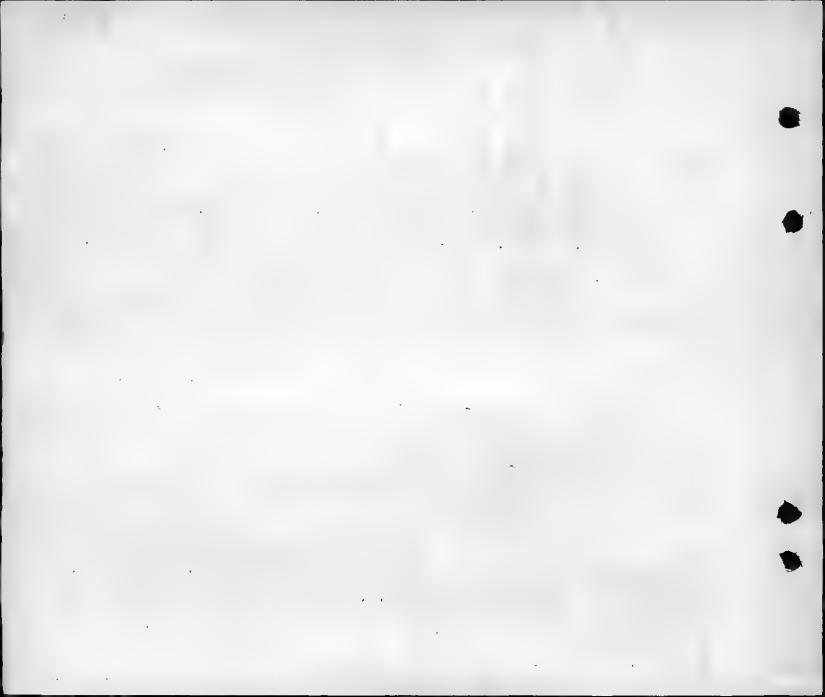
	U.U. U.U.					wast. mist. 140	
1. PLACE OF DEATH o. COUNTY INONTE	mery	MARYL		ence (Where decease and - Mo			ore admission)
b. CITY OR TOWN (If outside RURAL and give neorest for		c. LENGTH OF STAY II	1 16 CITY OR T	OWN (If outside corp			earest town)
d. NAME OF HOSPITAL (IF NO OR INSTITUTION IN THE DOCUMENT OF THE	in hospitol, give street of lens Huns		/ d. STREET A	odress Universi	ty Blvd	West	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) L110	First Ploo	Middle dworth I	nabnott	4. DATE OF DEATH	Mon June	h D	19 50
5 sex 6. cou	OR OR RACE 7. MARR	D NEVER MARRIED			9 AGE (In years lost bridge)	10 nths Day	Hours Min
10c. USUAL OCCUPATION (Give during most of working life, Retired - U	kind of work done 10b. even if retired) . S. GOV.	KIND OF BUSINESS OR	INDUSTRY 11, BIRTHPU	. *	country)	U.S.	A.
13. FATHER'S NAME				MAIDEN NAME			
Francis W.	Bloodworth	1	Sarah	Allen			
15 WAS DECEASED EVER IN U. 1 (Yes, no or unknown) (If yes, grw	S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17 INFORMANT		Addi		
No	1	lone	Lucy McCo	TToch- 1	tem #2	- daugr	iter
18. CAUSE OF DEATH [End			xhoustion			INT	ERVAL BETWEEN
153.8	DUE TO	11_		Part	ial		
Conditions, if any, which	th) (b) In	testinal	Obstruction	on./Inli	mancy C	oloni?	
gove rise to immedio couse (a), stating the underlying couse last.	DUE TO	art Block	, Partial				רק פמיי 10
1 m l	IIFICANT CONDITIONS C	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO	THE TEPMINAL DISEA	SE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDER OR CONTRIBUTING CAU OF EITHER, NOTIFY MEDICA	RLYING TO 206. DESC SE OF DEATH L EXAMINER	RIBE HOW INJURY OC	CURRED. (Enter noture of	injury in Port I or Pa	rt II of item 18.)		
TO 20c. TIME OF INJURY Mont	h, Day, Year 20d. IN While of work	Not while	Oe. PLACE OF INJURY (h foctory, street, office	lome, form, 20f. (Cit bldg , etc.)	y or lown)	(County)	(Stole)
21. I certify that I at	-		. 1959	June	1 1959	_,that I last s	aw the deceased
alive on time		24_, and that a	leath accurred at				ate stated abave.
ACTUAL SIGNATURE	I dink	uso de	21/s 1060	·	Street, city or town,	stote) June	DATE SIGNED
PHYSICIAN'S RO	hert T. T	hibodogu,	T.D. II	ensingto	, Manuel	an [
220. BURIAL, CREMATION, 226. REMOVAL (Specify) Bur-Transit 6	-4-59	Oak Hill	ERY OR CREMATORY		tion (City, town, c		(Stote)
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS	2 1	24c. REC'D BY REGIS		TRAR'S SIGNATU	
Robert A. Pump	hrey, Bet	hesda, Ma	ryland	DATE JUN 3	'59 0	athur & th	aud.

may be retained the has or attending physician.

TO FUNERAL DIRIC LAR: Afternis certificate has been signed by the attending physician and campletely filled in by the volveral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be flied with the registrar priar to burial, cremotian, or remaval, and in any event within 72 hours after death. "HYSICIAN: The law requires that the death certificate be exec

oth: Page 4

VS A15 (4) 15M 10/57



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cample papers.

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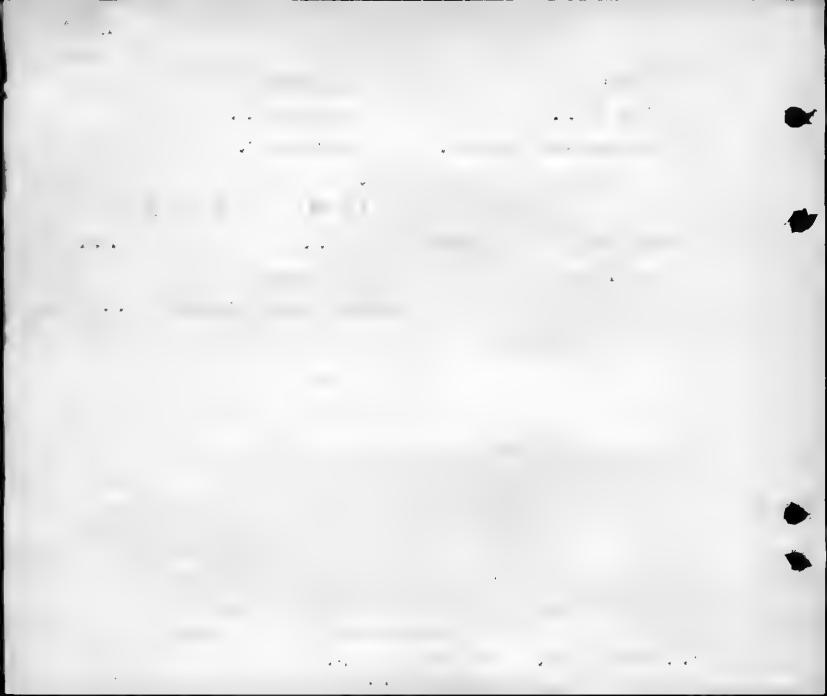
VS A15 (4)

15M 10/57

that

death.

after



VS A1S (4) 15M 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06944

	6	967	CERT	IFIC.	ATE OF DEATH	I	R	1 eg. Dist. N		7.7
1. PLACE OF DEATH 6. COUNTY Montgomery			B.11	nues.	2. USUAL RESIDENCE (Who o. STATE Virginia		. If institution:	Residence bel	-	usion)
b. CITY OR TOWN (If autside	carporate lim	its, write	E LENGTH OF STAT	Y IN 1b	c. CITY OR TOWN (If as	utside carporate li		ampton	egrest tow	en)
RURAL and give nearest to Lethesda	m}		101 day		Cape Char		,	3.0		
d. NAME OF HOSPITAL (IF no OR INSTITUTION	I in haspital, (give street	address)	0	d. STREET ADDRESS	res	· ·		e. IS RE	SIDENCE
The Clinical			thesda 14.	Ma	410 Washin	noton Ass	פוווכ			A FARM?
3. NAME OF	Fi		Middle Middle		lost	4. DATE	Month			Year
DECEASED (Type or print)	Cha	rles	Seve		Kellam	OF DEATH	June		20.	19 59
S. SEX 6 COL			RIED NEVER MARR		B. DATE OF BIRTH			UNDER 1 YEA	-	
Male N	egro	WIDOWI	_		September 23	_ L los	birthday) M	anths Days	Hours	Min
100. USUAL OCCUPATION (Give	kind of work	dane 10b.	100					12 CITIZEN	OF WHA	I COUNTRY
during most of working life, Factory Worker	even if retired	1)	ascertaina		Virg				S. A	
13. FATHER'S NAME		01.	lascer callic	TOTE	14 MOTHER'S MAIDEN N			O e	0 a 11	
Linwood Kel	lam					M. Upsh	133			
15 WAS DECEASED EVER IN U.		CES? 116.	SOCIAL SECURITY NO	D. 17 II	NFORMANT The Med:					
NO (Iff yes, give	wor or dutes of	service)	navailable		he Clinical Co			n 1. 146-		2
18. CAUSE OF DEATH [Ent	er only one of				ne orinical of	erroer a De	onesua.			-
PART I. DEATH WAS			2 - 2 2 4 4 4		eterulum ca	1/ 1-		00	FERVAL B	DEATH
		. –	neaucre	CK /C	eneurum cx	cr par	City C		24	20
	DUE TO	,							,	
Conditions, if any, which	he (
lying cause last.	DUE TO)								
	IFICANT CON	IDITIONS O	ONTRIBITING TO DE	ATM BUT	NOT BELATED TO THE TERMIN	IAL DISEASS CON	DITION CHICA		10 10/10	A ITOREN
3			ONTRIBOTING TO DE	ZAM BOT	NOT RELATED TO THE TERMIN	NAL DISEASE CON	OITION GIVEN	IN PAKI 1(0)	PERF C	OPMED?
	RLYING SE OF DEATH EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRE	Enter nature of injury in Po	ort for Part II of	item 18.}			
20c TIME OF INJURY Mant Haur o. m.	h, Doy, Ye		NJURY OCCURRED	20e. PL/	CE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f (City or tai	vn)	(County	}	(State)
Haur e, m,	19	While at work	Not while	100	iory, sirees, diffice biog., etc.)					
21. I certify that I at	tended the	decens	ed from Marc	h 11	. 19 59, to	June 20	10 59 11	ot I lost a		d
glive on June		. 19			accurred at 3:05	AM from the		an the de	ow me	ad about
~~~		a_,	The state of the s			DDRESS (Street, c				ATE SIGNED
ACTUAL SIGNATURE	//	., . /	n same	1		linical (				1-59
7					·····	nal Inst		of Heal		
PHYSICIAN'S James	M. Ma:	rsh,	ri. D.			ada 11.				
220. BURIAL, CREMATION, 226.	DATE THEREC	)F	22c. NAME OF CEM	ETERY O		22d LOCATION (			(Sta	te)
REMOVAL (Specify)	- 21	34	Rich All	Sel	Mem Cem.	FRHAK	tow.	1	1	/ 1
23. FUNERAL/DIRECTOR'S SIGNA	TURE		ADDRESS	-74	240. REC'D	BY REGISTRAR	24b. REGISTRA	R'S SIGNATU	RE	///
Edan Kilin	atim	- ]	Will Phen	1	GOG DAKUN 2			8. Kinus		



VS A1S (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6968 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

06945

Reg. Dist. No.

-		~								MARI GIST	140.	
	PLACE OF DEATH o. COUNTY Montgomer	y		MARYLA		. USUAL RESIDENCE (M o. STATE Florida	/here deceas	ed lived If ii b. CO	nstitution DUNTY	n Residence	before odm s	s ⁱ on)
	b CITY OR TOWN (If RURAL and give ne	foulside corporate limit	s, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If	outside corp	orote limits.	write RU	RAL and giv	a nearest low	n) 🧳
L	Bethesda			33 days		St.August	tine		lif.	*		
Г	d NAME OF HOSPITA	AL (If not in hospital, gi	ive street	address)		d. STREET ADDRESS						SIDENCE A FARM?
L	The Clini	cal Center	, Be	thesda 14, M	id.	238 San 1	Marco	Avenue				NO <b>(7)</b>
3.	NAME OF DECEASED	Firs	ıt	Middle		Losi	4. DATE		Month	1	Doy	Yeor
	(Type or print)	Bett	y	Jane		Kinlaw	DEATI	н	June	3	12,	19 55
5.	SEX	6. COLOR OR RACE	7 MARR	HED NEVER MARRIED	B. (	DATE OF BIRTH		9 AGE [In			YEAR IF UND	
	Female	White	WIDOWI	ED DIVORCED	o F	ebruary 6,	1927	lost birth	yrs	Months D	oys Hours	Min
100	. USUAL OCCUPATIO	N (Give kind of work d	lone 10b	KIND OF BUSINESS OR	INDUSTR'	1 11. SIRTHPLACE (Stole	e ar foreign		1	12 CITIZ	EN OF WHAT	COUNTR
	Housewife	ing life, even if retired)		None		Florida	B.				U.S.A	
13.	FATHER'S NAME				T	14. MOTHER'S MAIDEN	NAME	-				-
	William B	durchfield				Etta Me	elcher					
15.	WAS DECEASED EVER			SOCIAL SECURITY NO.	17. INFC	RMANT The Med	iical	Record	Addre	55		
	No No	if yes, give war or dates of se		Jnknown	Th	e Clinical	Cente	r, Bet	hesc	ia 14,	Maryl	and
			use per lii	ne far (a), (b), and (c).]							INTERVAL BE	
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	C	ardiac Arres	3t						30 Mi	nutes
	1710 X	DUE TO										
	Conditions, if an		R	heumatic Hea	irt D	isease with	1 Aort	ic and	Mit	tral	7 Ye	ars
	gove rise to in couse (a), stoling t		S	tenosis								
	lying couse lost.	(c)										
O N	PART II OTH	ER SIGNIFICANT COND	O SMOITIC	ONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	AINAL DISEA	SE CONDITIO	N GIVE	N IN PART 1	(a) 19. WAS	AUTOPSY DRMED?
N.	Bilate	ral Pneumo										NO 🗌
CERTIFICATION	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED (I	Enter nature of injury in	Part I or Pa	ort II of item 1	8.)			
MEDICAL	20c. TIME OF INJURY	Month, Doy, Yea		NJURY OCCURRED 20	De. PLACE	OF INJURY (Home, for	m, 120f. (Ci	ly or lown)		{Cos	unty)	(Stote)
WED	Hour a.m.	19	While of world	Not while	toctory	y, street, office bldg., et	c.) [				**	, ,
		-1   -11	<u> </u>	ed from May 1	0.	, 19 59 to	June	12	. 50		st saw the	4
	alive an	June 12.	10	59		curred of 2:10	P	etinkaa, 19	9_CL	,that I la:	st saw the	decease
	alive dil		_, 12	, and that d	eath ac	curred of	ADDRESS /	im the cau Streel, city or	ses on	id on the		ed abav ATE SIGNI
	ACTUAL	ELL NA	4 4	1d this	F-14 -	The		cal Ce				1-13-
	SIGNATURE		-/-/	LVL // bull	P-ISM.D			Instit				(72-
	PHYSICIAN'S NAME (Type)	EAN DONALD	TATELS	SON M.D.				lu. Ma			002011	
200		1, 226. DATE THEREOI		22c. NAME OF CEMETE			Ay 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	*				
R	REMOVAL (Specify)	nsit 6-13				a Cemeter		ATION (City, I			Flori	
_	FUNERAL DIRECTOR'S			ADDRESS	CHAC		D BY REGIS			RAR'S SIGN		
	ROBERT A		Y	Bethesda	. Me	3	IN 1 6 '5			un \$ 4		
1			-		,	I DATE: I I	IN LU L	2 400 2	2177	MIT ME IL	A MILLER	

DATEJUN 1 6 '59

Osthur S. House



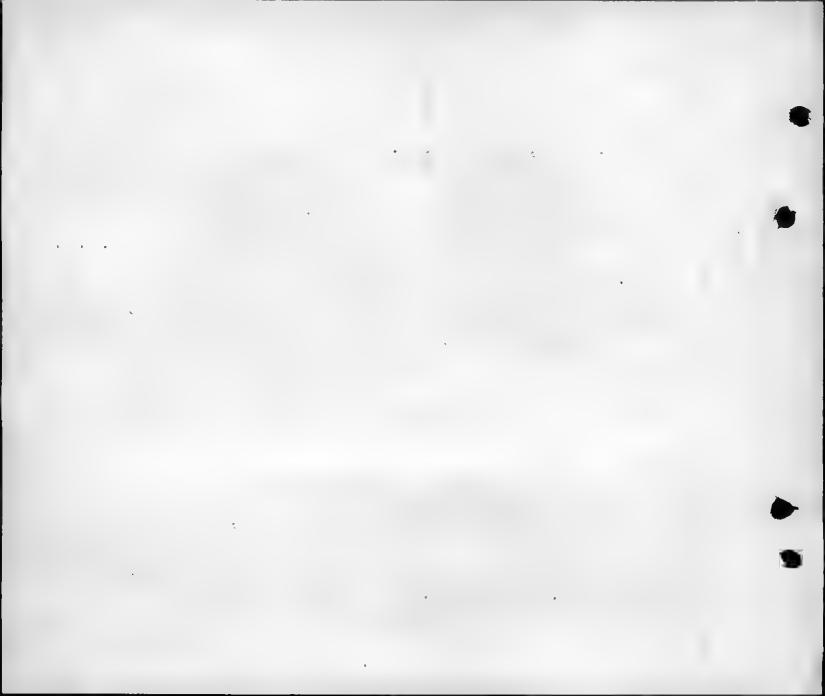
VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6969 CERTIFICATE OF DEATH

116946

Reg Dist No

									110 81 0121	. 110.		
1.	PLACE OF DEATH			444.0	YLAND	2. USUAL RESIDENCE (Wh	ere decease	d lived If institute	on Residence	before or	dmission)	
-		gomery outside corporate limi	ts write	c. LENGTH OF STAY		o. Sint Marylar			Montg			
	RURAL and give ne	arest lown)	rs, write			c. CITY OR TOWN (If o			URAL ond gi	ve Regrest	town)	
⊩	B ethesda	AL (If not in hospital, g	uve Alegas	100 days	5	d. STREET ADDRESS	ıng	5				
	OR INSTITUTION						D . 1	/		0	S RESIDENCE ON A FARM?	
-		al Center,				522 Beacon				YE	S NOZ	
J.	NAME OF DECEASED	Fir		Middle	8	Lost	4. DATE OF	Mar	lh	Day	Year	
Ļ	(Type or print)	Michae		Davis		Klaff	DEATH	June		73	19 59	
	SEX	6. COLOR OR RACE				B DATE OF BIRTH		9. AGE (In years last birthday)			UNDER 24 HRS.	
	Male	White	WIDOWI	Branch Br		April 2, 199		L yes	Months [	oys Ho	ours , win	
10	during most of work	N (Give kind of work o ing life, even if retired)	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	ar foreign c	ountry)	12 CITIZ	EN OF W	HAT COUNTRY	
	None			None		_ District of	of Col	umbia		U. S.	. A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	Harvey J.	Klaff				Annette Kon	nchik	2				
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	), 17. II	FORMANT	. ; .	Add	ress The	Nedic	cal Recor	
	No	701, 810 110 110 110 11		Vone	Th	ne Clinical U	enter,	Betweed	a 14,	Mary.	land	
		TH [Enter only one co								INTERVA	AL BETWEEN	
	PART I. DEATH WAS CAUSED BY: Abdominal Malignancy ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH											
	197.9	DUE TO										
	Conditions, if on	y, which ) (b)	Mal	Lignant Me	sench	ymal Tumor						
	gove rise to im cause (o), staling th	nmediate										
	lying cause last.	(c)										
Z O	PART II. OTHI			ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PART	(o) 19 W	AS AUTOPSY	
CAT										PE	ERFORMED?	
CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	☐ CAUSE OF DEATH I	20b. DESC	CRIBE HOW INJURY O	CCURREC	(Enter noture of injury in P	ort I or Pari	II of item 18 )			<u>u</u> <u>u</u>	
MEDICAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d IN	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, form,	20f (City	or town!	IC.	unty)	(State)	
ED	Hour o.m.	19	While	Not white	foc	tory, street, office bldg., etc.)	1 (0.17		(CO	uniyi	(Sidie)	
~	p. m.				11.5) 0.000	27 . CO T	1 7					
	Zi. I certify the	of lattended the	decease	ed from, <u>repr</u>	uary	27, 19.59, to Ji	une j	19 <u>22</u>	.,that I la	st saw t	the deceased	
	alive anJun	15	_, 1953	Z, and that	death	accurred at 1.2:1151				date st		
	ACTUAL A	7 Sil	///	2				reet, city or town,		100	DATE SIGNED	
	SIGNATURE	1000	11	mue		o The Clinic				7/59		
	PHYSICIAN'S HA	ROLD R. SI	LBER	MAN, M.D.		National Bethe <b>s</b> da			Healtr	1		
220	BURIAL CREMATION	22b. DATE THEREO	F	22 NAME OF SEM	ELER POR	THAIR Vashae	334 10EV	IGNLIGITY. TOTTES	county)	seda	(Stole) i.d.	
-	Burial	16-8-59		Whated/He	prety/	Cene tery	RACIA	ingores u	ayyllah	dy	, , , , ,	
	FUNERAL DIRECTOR'S		2501	ADDRESS	+	N 16"	BY REGIST		TRAR'S SIGN			
4.	· Nationist	A or DOUR -	דטעכ	. TAOU DELE	, de	DATE JU	1 9 '5	9 1 0	thun S. 1	isallin.		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06947 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) -SOUNTY o. STATE COUNTY MARYLAND nen CITY OR TOWN (V outside carporate Vinits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluous Ke d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 24 LIXES | NO! NAME OF First Middle DATE Month Day Year DECEASED (Type or print) DEATH 19 5 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED T IF UNDER 1 YEAR IF UNDER 24 HRS LE. DATE OF BIRTH AGE (In years last birthday) Days Months Hours WIDOWED I DIVORCED [ of yes USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 10a BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, eyen if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ŧ, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ā ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. ony Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stoting the underond lying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPSY PERFORMED? YES 🗍 NO D 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Home, form, Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Hour a. n. Not while at work of wark 21. I certify that I attended the deceased from 19-5 Sthat I last saw the deceased and that death accurred at .M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATEAIGNED ACTUAL SIGNATURE prior 00 DIR should SARAD M.D 7006 NEW NAME (Type) 22a BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE inthur Thousa arthur 3. 15M 9/55 DATE JUN 1 9 '59 Through



eath. Page 4

within 24 hours a

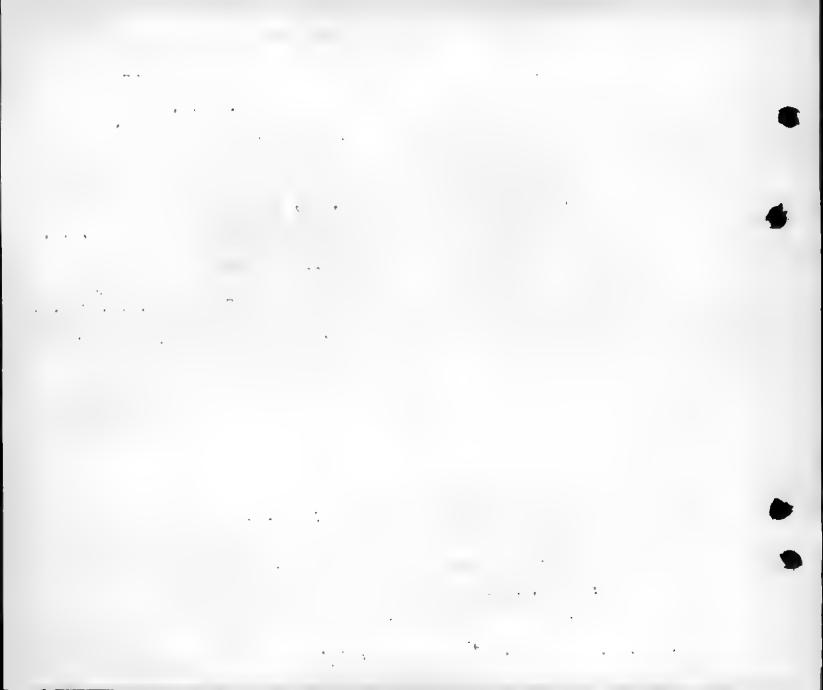
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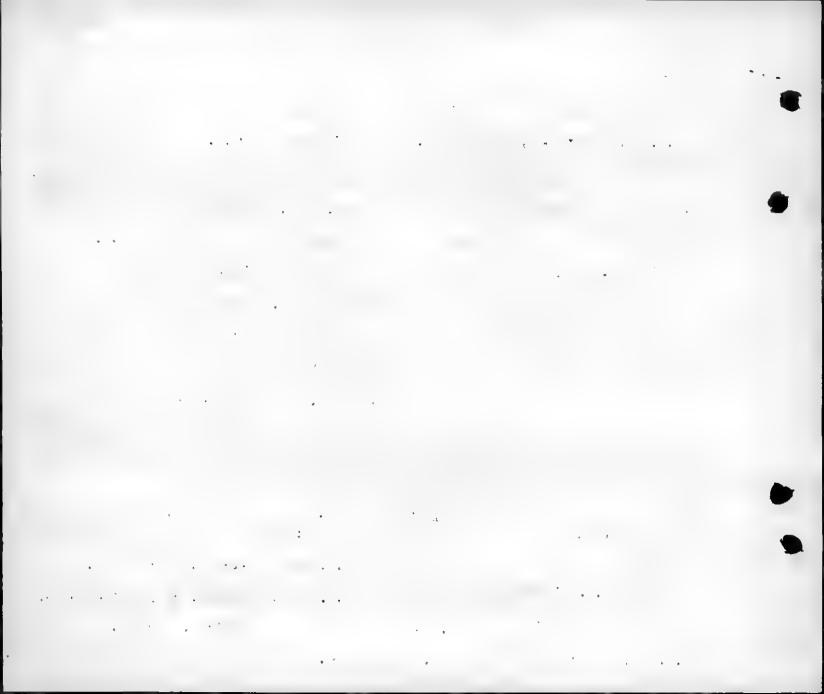
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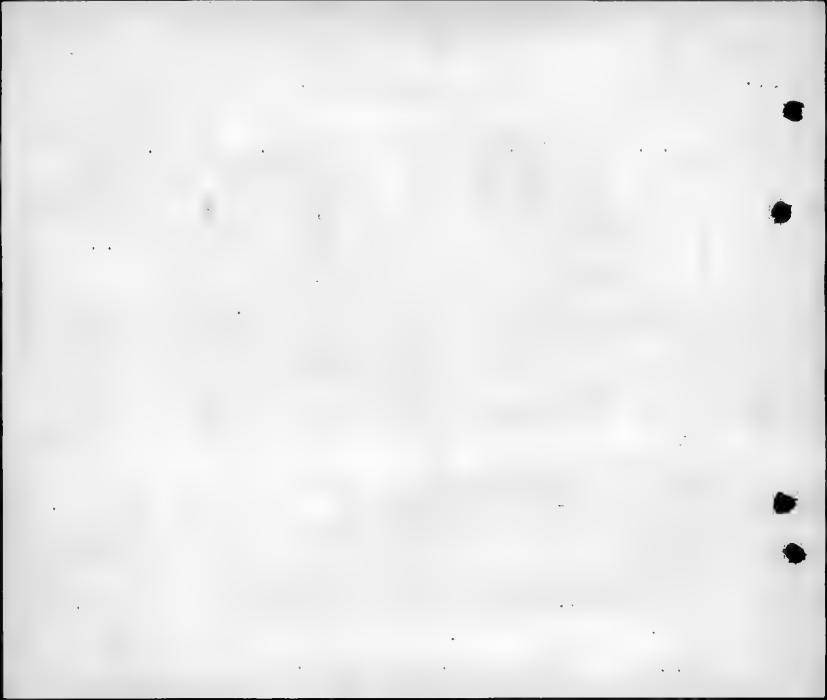
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6970 CERTIFICATE OF DEATH

06948

	CERTIFICA	ALE OF DEATH	Reg. Dis	st. No.
1. PLACE OF DEATH a. COUNTY		2 USUAL RESIDENCE (Where decease a. STATE		ce before admission)
MC NTG OMERY	MARYLAND	d. SIAIE	P CONNIA	
b. CITY OR TOWN (If autside carporate limits, write c.	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carp	arate limits, write RURAL and g	give nearest tawn)
RURAL and give rearest town) CIRMANTOWN	er.	Washing ton,	D.C. 4	7× 1
d NAME OF HOSPITAL (If not in hospital, give street addition OR INSTITUTION	ress)	d. STREET ADDRESS	N.E.	e. IS RESIDENCE ON A FARM?
MARYLANDER NURSI	NG HOME	4852 Queen C	hapel Terrac	e YES NO X
3. NAME OF First DECEASED	Middle	Lost 4. DATE	Month	Doy Year
(Type or print) NORMA		LAMBERT DEATH		30 19 59
	NEYER MARRIED	B. DATE OF BIRTH	9. AGE (In years' IF UNDER last birthday) Manths	TYEAR IF UNDER 24 HRS Days Haurs Min
FEMALE WHITE WIDOWED	<u> </u>	Nov. 11, 1878	00 yrs	, i
10b USUAL OCCUPATION (Give kind of work dane) 10b. KIN during most of working life, even if retired) A. T. Home	D OF BUSINESS OR INDU	West Virgin	country) 12 CITI	U.S.A.
13. FATHER S NAME		14. MOTHER'S MAIDEN NAME		
Unknown		Jarre	tt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (Yes. no. or unknown)		NFORMANT	4852 Queen	Chenel
no	no i	orrest Lambert-	Terrace N.	
18. CAUSE OF DEATH [Enter only one cause per line for	r (a), (b), and (c).]	1 1	/.	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	inzaluation	CANDIANTUDONA	in diplace	OUSET AND DEATH
4 dd. DUE TO			- (/ tax	1
Canditions, if any, which ) (b)				/
gave rise to immediate DUE TO				
lying cause last. (c)				
	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
ZA I				PERFORMED? YES NO
PART II OTHER SIGNIFICANT CONDITIONS CON  200 ACCIDENT WAS UNDERLYING 200 DESCRIBE OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Pa	rt II of item 18.)	
3 20c. TIME OF INJURY Manth, Day, Year 20d INJUR	RY OCCURRED 20e PL	ACE OF INJURY (Hame, farm,   20f (Cit	y ar tawn) (C	county) (State)
Haur a.m. While	Nat while fa	ctary, street, office bldg., etc.)	,,	(5.5.5)
	at wark	E 60 0/20	icis'd	
1 / / 7 5 /	from/_/_/	Z_, 19.28_, to . 6/20	1 63 1	st saw the deceased
alive an 19	$7_{}$ , and that death		the causes and an the	
ACTUAL V. L		ADDRESS (	Street City or town, state)	DATE SIGNED
SIGNATURE	UVL	M.D. NOWWOND	1040	4/29/59
PHYSICIAN'S James P. Kerr				
22g. BURIAL, CREMATION, 22b. DATE THEREOF	NAME OF CEMETERY O	R CREMATORY 22d DC	ATION (City, town, ar county)	(State)
Removal 7/1/59	Teays Hil.		st Virginia	
23. Fineral director's signature the S. H. Hines Co. 290	1 DDRESS th St.	N.W 240 REC'D BY REGIS		
	shing ton 9	D C DATE JUL 1	59 Circhard &	/ COMPA







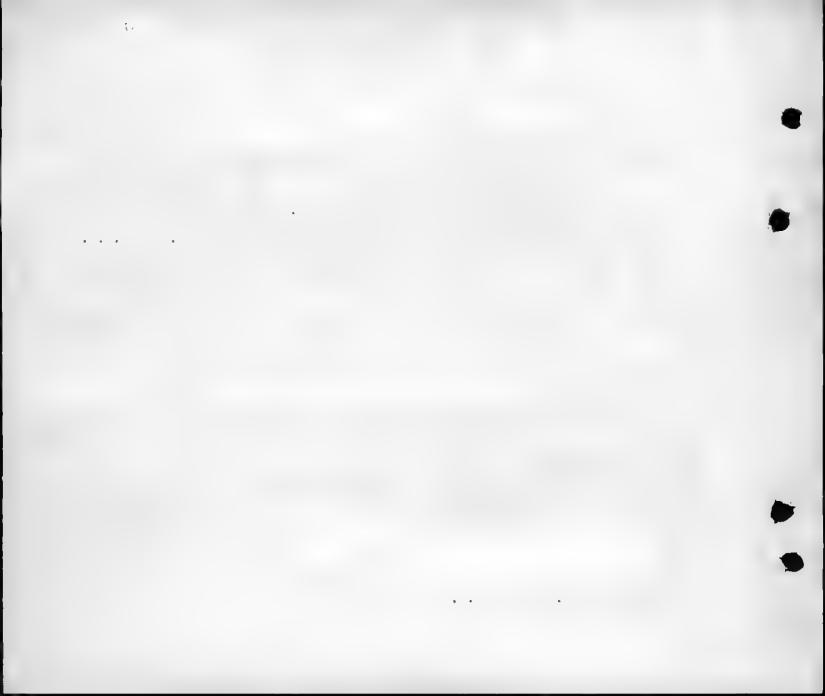
VS A15 (4) 15M 10/57 190

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

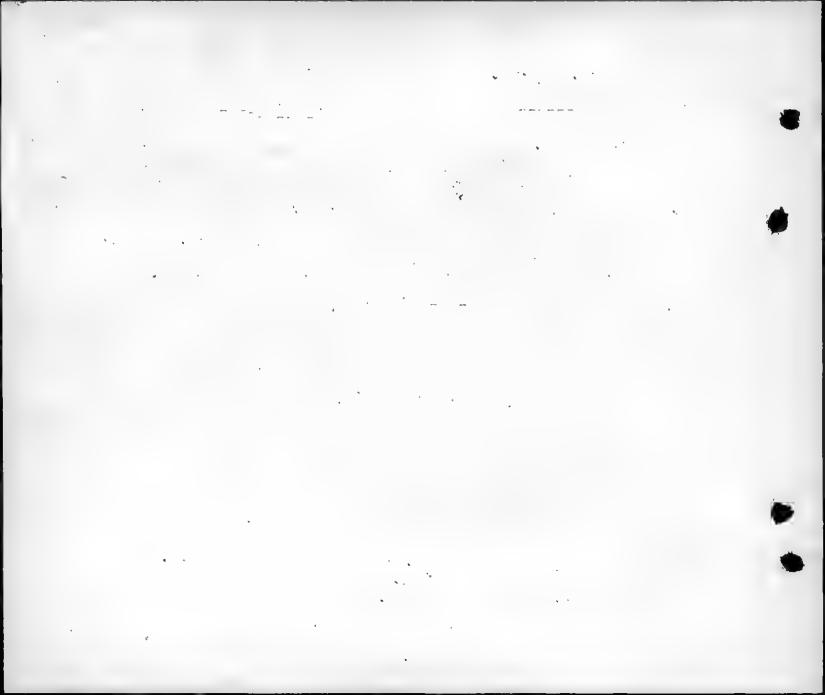
6973 CERTIFICATE OF DEATH

16951 Reg. Dist. No.

				****						
1, PLACE OF DEATH o. COUNTY	Montgomery		MARYE	AND	2. USUAL RESIDENCE o. STATE Virgi		sed lived, if institution b COUNTY	n Residence	before adr	nission)
b. CITY OR TOWN (H	outside corporate limi	ts, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN	(If outside cor	porote limits, write RU	IRAL and gr	ve nearest to	own)
Gaithe			9 years		Staur	ton		7		
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRES	5			e. 15	RESIDENCE
	bury Metho	dist	Home							NO [
3 NAME OF DECEASED	Fil		Middle		Last	4. DATE	Mont	h	Doy	Yeor
(Type or print)	ANN	A		L	AWSON	OF DEAT	H June	_ (	22	1959
5. SEX	6. COLOR OR RACE	7. MARE	RIED 🗍 NEVER MARRIED	P 🗆 🖪			9. AGE (In years			
Female		WIDOW	7440		March 21,		last birthday)	MONTHS L	Pays Hou	rs Min
10a. USUAL OCCUPATIOn during most of work Teach	ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST			ille, Va.		S.A.	IAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDE	N NAME				
Eppa Fi	elding				Malisa	sa Gari	son			
15. WAS DECEASED EVE	IN U. S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17 IN	FORMANT		Addre	P33		
	yet, grid war ar access or									
18 CAUSE OF DEA	TH [Enter only one co	usa per li	ne for (a), (b), and (c) ]						INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	CE	REBARLV	1250	WLAR AC	cide.	ップ		ONSELA	ND DEATH
443X	DUE TO			_						
Conditions, if o	y, which )	HY	pertensi	VC,	ARdio VASC	ULAR	DISCAS	F		
gove rise to in couse (o), stoting	. DUE TO									
lying cause lost.	(c	AR	2 TenoseL	CA	:05/5					
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	ERMINAL DISE	SE CONDITION GIVE	N IN PART		S AUTOPSY
LA L										□ NO □
THE ENTHER, NOTIFY	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury	in Port Lor P	ort II of item 18 )			
	Month, Day, Ye			Oe. PLAC	E OF INJURY (Home, ory, street, office bldg.,	form, 20f (C	ity or town)	(Co	ounty)	(Stote)
Hour a.m.	19	While at wor	k at work	TOCH	ny. sneer, onica blog.,	ent]				
21. I certify th	at I attended the	deceas	ed from / = /	/	1956 ta	10-2	2 1959	that I la	ist saw th	na decement
alive an 6	- 10	. 195	2, and that a	leath (	accurred at 24	CAM Fre	om the causes of	nd an the	n data st	sted shave
/						ADDRESS	(Street, city or town, s	tote)	e date si	DATE SIGNED
ACTUAL SIGNATURE	nah E.	12	onen	84	n 10128	CEd	ARLAN	0	6-0	72-59
					0. 10128 Ken:	SINC	TON, M	d		
PHYSICIAN'S S	arah E. Gl	over,	M.D.							
220 BURIAL, CREMAT OF	N. 226 DATE THEREC	F	22c NAME OF CEMET	ERY OR	CREMATORY ,	22d. LOC	ATION (City, town, or	r county)	(5	itole)
REMOVAL (Specify)	June 24	1957	1 Velley	Vie	us Cometer	IN	okesvill.	e., ,	Vin	inia
23 FUNERAL DIRECTOR'S	SIGNATURE >	65	O ADDRESS	fre		EC'D BY REGI	STRAR 24b. REGIST	TRAR'S SIGN	NATURE	
Usan			- gundare	m	d DATE	JUN 24	59 and	Lung 8	Kraug	







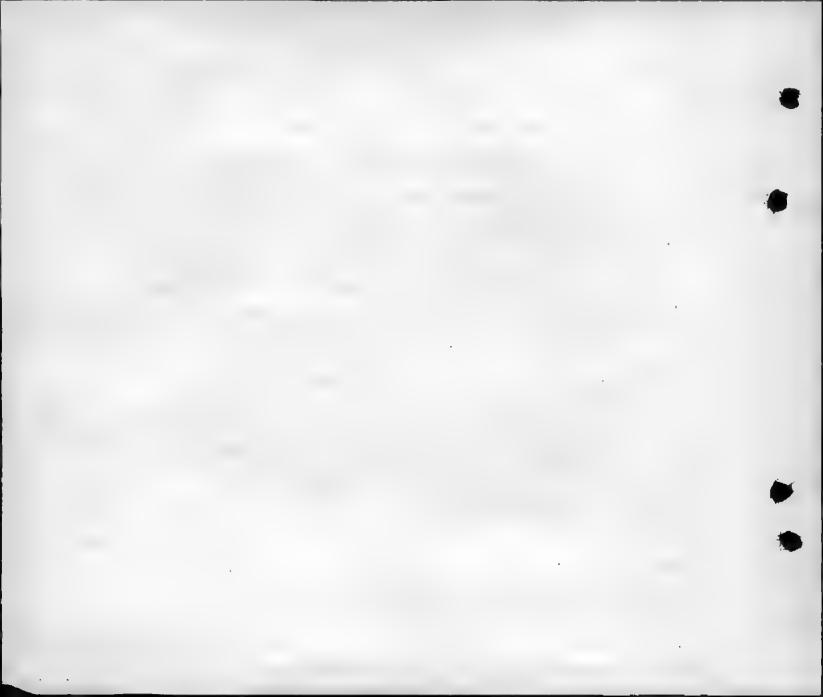
VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6976

**CERTIFICATE OF DEATH** 

116954

- 1		keg. Dist, 190,
	1. (	PLACE OF DEATH  COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission)  STATE  Maryland  D. COUNTY  Maryland  O. STATE  Maryland  D. COUNTY  Maryland  O. STATE  Maryland  D. COUNTY  Maryland  M
ı	1	b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN of outside corporate limits, write RURAL and give scriest town)
		RURAN and give nearest town)
	-	d. NAME OF HOSPITAL (If not in hospital, give street address)  J. d. STREET ADDRESS  Le. IS RESIDENCE
	5	OR INSTITUTION TO NA FARMS
	- (	NAME OF First Middle Lost 4. DATE Month Day Year OF DEATH (1) Los 1 195
	5. 5	The state of the s
	r	emale white widowed Divorced Aug. 25, 12 12 80 yrs. Months Doys Hours Mn
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 CBIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
		House Wite Ht Home New York City N.V. U.S.A.
	13.	FATHER'S NAME
		Henry SEEGET Pauline Hockken
		WAS DECEASEDEVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
		None None None William Eta 15704- Radnow Ct.
Ì		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY  ONSET AND DEATH
4		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)
		March Due to
		Conditions, if any, which ) ADTIC STEN 3, 5
1		gave rise to immediate couse (a), stating the under-
		lying cause last. (c) 1140CAPAIRIS
3	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
1	Š	YES NO ST
	CERTIFI	20a ACCIDENT WAS UNDERLYING   20b: DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB ) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 20f. (City or town) (County) (State)
	MET	Haur o. m.  While Not while of work of work of work
ı		21. I certify that I attended the deceased from ANCI 3, 1957, toward 12, 1957, that I last saw the deceased
		alive an LISAT 1951, and that death accurred at 16A M, from the causes and on the date stated above
		ADDRESS (Street, city or town, stote) DATE SIGNED
1		SIGNATURE of the d. of the of the Mo. DESK. DED. They BILL DETROSAL TEL
'		PHYSICIAN'S USEN L. AR MAYO SES BINDER BIND BY The STATE!
	220	BURIAL, CREMATION, 22b. DATE THEREOF. 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State)
+	7 <	410 KR. UUNE IS IN GREENWOOD CEMETERY BROOKLYN NEW YORK
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS W 3 h 14 5 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	4	1. W. Chamber Co 3072 M. St. N. MOATE JUN 16'59 arthur & though



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OCOKE

ariling S. Kraus

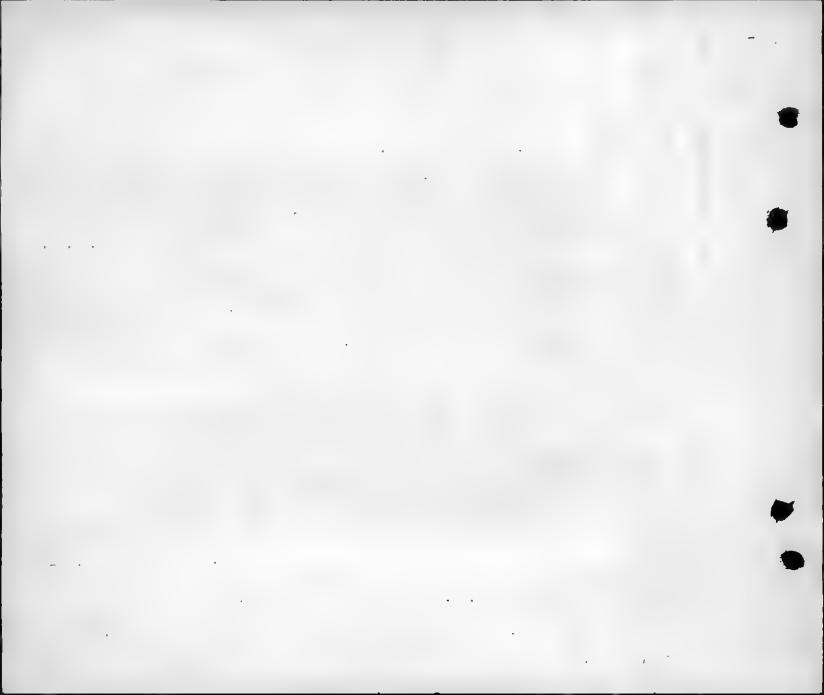
	0911	CERTIFIC	ATE OF DEATH	1	Reg. D	ist, No.
1. PLACE OF DEATH o. COUNTY Montgom	ery	MARYLAND	2 USUAL RESIDENCE (WA o. STATE Alaska		If institution Reside	nce before admission)
b. CITY OR TOWN RURAL and give	(if autside carporate limits, nearest lown)	write   c LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside carporate limi	ts, write RURAL and	give nearest town)
Bethesd	a	105 days	Ketchikan		1-	
OR INSTITUTION			d. STREET ADDRESS			e. IS RESIDEN ON A FAR
		Bethesda 14, Md	. 2713 Tong	ass Stree	<u>t</u>	YES NO
NAME OF DECEASED	First	Middle	lost	4. DATE OF	Month	Day Year
(Type or print)	Lucino		MacDonald	DEATH	June	28, 19!
Female	7.75 . 7.45 .	MARRIED NEVER MARRIED			(In years IF UNDE	Doys Hours M
		VIDOWED DIVORCED	August 1, 1	955 5	yrs	
during most of w	irking life, even if retired)	ne 10b. KIND OF BUSINESS OR IND			12. CI	TIZEN OF WHAT COU
3. FATHER'S NAME		HOHE	Alas			U. S. A.
	MacDonald			ne O'Neil		
5. WAS DECEASED EN		57 16. SOCIAL SECURITY NO. 17.		dical Rec	Canchaddress	
You no or unknown) NO	(If yes, give wor or dates of servi	ecu)	The Clinical C			Mamel and
IR. CAUSE OF D	ATH   Feter paly one cour	e per line far (a), (b), and (c).]		CHOCL 9 De	onesua 14	Maryland
	ATH WAS CAUSED BY:	011	0, , ,			ONSET AND DEA
F	IMMEDIATE CAUSE (o) DUE TO	to las tic	Unimia			mos
Conditions, if	*	H.C. markenia	cliathesis,	and 1	- (n )	
gove rise to	immediate ( Dur to	11 milescolor 1	(Cay hears)	7	0 4-1	
lying cause last	a use auges.					
	_ (-)_	TIONS CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERM!	NAL DISEASE CONDI	TION GIVEN IN PAR	RT I(a) 19. WAS AUTO
						PERFORMED YES X NO
PART II. O  200. ACCIDENT V  OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING [ 20	DESCRIBE HOW INJURY OCCURE	ED. (Enter nature of injury in F	Part I or Part II of ite	m 18.)	110 23 110
(IF EITHER, NOTIF	AS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER					
20c. TIME OF INJU			LACE OF INJURY (Home, form	20f (City or town	) (	County) (5
Hour a.m p.m.	19	While Nat while at work	actory, street, affice bldg., etc.	1		
	hat I attended the d	ecessed from Flarch	15 . 19 59 to	June 28	159 that I	Inch and the disc
olive on	hat I attended the d June 28	1959 and that deal		/		last saw the dece
01110 011				ADDRESS (Street, city	auses and an t	he date stated al
ACTUAL SIGNATURE	emand Jalan	un for		inical Cer		6-28-
7//	Differ - Klass		Nation		ites of He	eal th
PHYSICIAN'S NAME (Type)	Leonard Garr	cen, M. D.	Bethes		yland	Jour 011
O. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY		22d. LOCATION (Cit		(State)
BURIA		959 Ketchi	Ken Cenetery	Ketchi	ken A	glaska.
. FUNERAL DIRECTO		ADDRESS 1400 C			4	
		SE CO. N.W. Wa			46 REGISTRAR'S SI	GNATURE *

PHYSICIAN: The law requires that the death certificate be executed within 24 hours of page 3 should be detached for use as the burial-transit permit. Then please remove sarting pay the registrar priar to burial, cremation, or removal, and in any event within 72 hour after death moy be retained, the hasp TO FUNERAL DIRECTOR: Aft. page 3 should be detached for TO HOSPITAL

the Theral director, should be filed with

lefy filled in by the Pages 1 and 2 shar

VS A15 (4) 15M 10/57

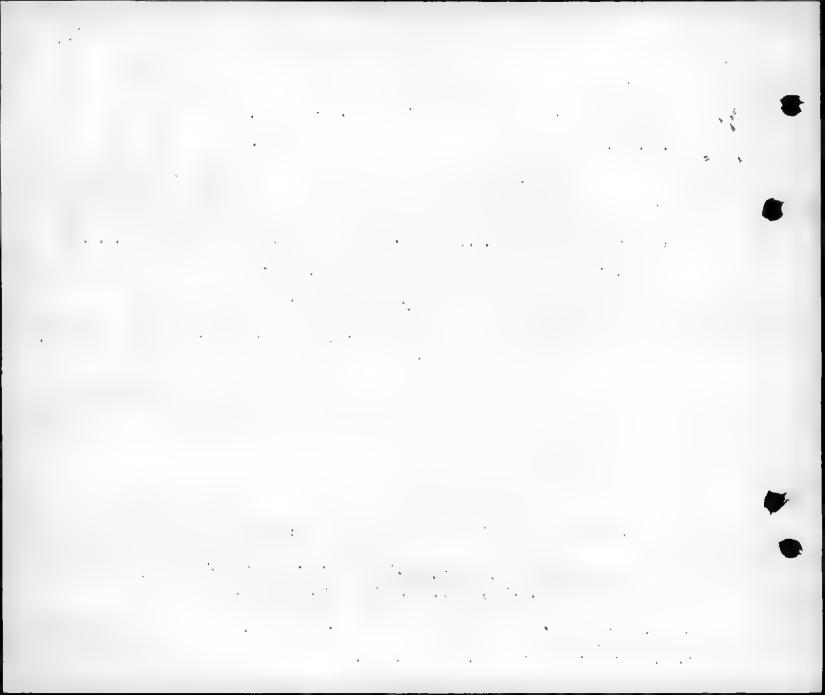




DATE JUL 2

that

35M 9/SB



within 24 hours after

TO HOSPITAL OR A NDING INTSICIAN: The law requires that the death certificate be executed with the retained by the haspen in attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and can page 3 should be detached far use as the burial-transit permit. Then please remave carban papers, the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after peach.

VS A15 (4) 15M 9/58

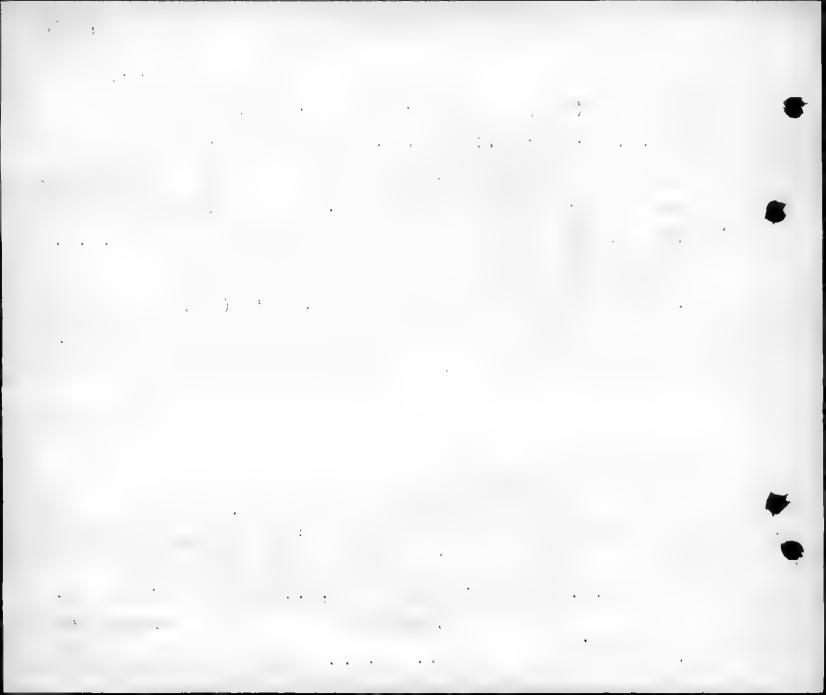
6979

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 979 Ttem 9 Film 6243 6-9-59 et CERTIFICATE OF DEATH

06958

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE						
Montgomery MARYLAND	o. STATE Maryland b. COUNTY Prince George						
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural) 41 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  Tacoma Park						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION U. S. Naval Hospital, Bethesda, Md.	d. STREET ADDRESS  6817 Red Top Road  • IS RESIDENCE ON A FARM? YES NOT						
3. NAME OF First Middle DECEASED (Type or print) Edward Earl	Manning  4. Date Month Day Year Menning  DEATH  June  1 19 59						
5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Caucasian WIDOWED DIVORCED	B DATE OF BIRTH  P. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS						
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Taxi Cab Driver	Rhode Island U. S. A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
William Manning	Annie Dennis						
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown)  YES  (If yes, give wor or dates of service)  WW-1	Ethel A. Manning (wife)						
OT TO	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO						
3 20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. Pi	IACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, affice bldg., etc.)						
21. I certify that I attended the deceased from 20 April alive on 1 June 19 59, and that death actual R. G. Galbraith LT MC USN	h accurred at 9:45P M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  W.D.  U. S. Naval Hospital, Bethesda, Md.						
220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY CONTROL Lincols  6-4-59 Fort Lincols	OR CREMATORY 22d LOCATION (City, town, or county) (Stote)						
23. Fundador's Supple A 1/1 Address Chambers Funeral Home 3072 M St. Wash	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  1. D.C. DATE SUN 4 159 Chillag & Karee						



/ 1V		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
the sky	L U	6980 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	-06959
FOR STATE			Dist. No.
HEALTH DEPT.		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived It Institution Residence)	ience before admission)
- 30 00 mg	'	o. COUNTY MONTECOMEN MARYLAND O STATE MIL B COUNTY M	_ <del></del>
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		D. CITY OR TOWN It outside corporate to the write RURAL   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (If outside corporate limits, write RURAL or	of give yearest fown)
第二 八种		Betherda 15 ym X Betherda	
A STATE OF THE STA	<u> </u>	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stref oddress) d. STREET ADDRESS	IN IS RES DEN E
A STATE OF THE STA		17: - 0 19: - 10	ON A FARM? YES NO
inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecond inecon	3	NAME OF First Middle Lost 4 DATE Month	
Sec de la Company de la Compan		DECEASED OF	Doy Year
Fre Brand	5. 5	The vice Callettone II withing I was	9 1959
11年	3. :	TO THE PARTY OF TH	Days Hours M.n.
20 2	1	Jewels white WIDOWED DIVORCED 12-21-1916 72 yrs Month	18
200000	104	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF WHAT COUNTRY?
2000		home Com.	M-S. C
P. B. B. B.	13.	FATHER'S NAME	
Page 1	1 5	Lynnd taliasarry Jane L. Colton	
and	15.	WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO 17 INFORMANT Address no. or unknown)   (ill you give war or doless of served.)	_
S S S S S S S S S S S S S S S S S S S	1	10 066-10-6267 Paul margner (Son)	Lin 2
E.E.		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
one land		PART I. DEATH WAS CAUSED BY: Fat embolism	BAU BA
2 e o E o		581.0 DUE TO	
Series Paragraph of the		Fatty liver	P
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		gave rise to immediate cause	
Pri po		(a), stating the underlying DUE TO	
and	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PY 1(a) 10 MAC AUTORCY
male ed	CATIO	THE IS NOTED TO THE STATE OF TH	PERFORMED?
per cre	Ę	200. EXTERNAL CAUSE WAS 200 DESCRIBE HOW INJURY OCCURRED (Egger nature of injury in Post Lot Port II of item 18 )	YES 🔼 NO 🗋
A bed of	CERTIFI	PRIMARY Or CONTRIBUTING	
Paris Adding		CAUSE OF DEATH.	The second secon
# # D # D	MEDICAL	20c. TIME OF INJURY Month. Doy. Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or fown) (Colory, street, affice bldg., etc.)	runty) (State)
Z S S	¥	p. m. 19 of work of work	
A CO G		21. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔲, Inqui	ry , and in my
E Sed C		opinion death resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined	monner 🗍
P C C C			
e d mark		SIGNATURE FRANK J. Brosshark M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
A Control of the Cont		ASSISTANT MEDICAL EXAMINER	100
A HA A B A B A B A B A B A B A B A B A B		NAME (Type) FANK T. Broschart DEPUTY MEDICAL EXAMINER X 6-1	0-59
Danie de la contra del contra de la contra del la contra de la contra de la contra	720	BURIAL CREMATION 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county)	(State)
20 mm		REMOVAL (Specify)	
5 . 5	23	Burial 6/12/59   Arlington National   Arlington Vi	
VS. A15ME		IIIN 12 150	• • •
5M 2/57	L	lobert A. Pumphrey Bethesda, Maryland DATE OF 12 39 Contain 3.	T VIAMO



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 8696n Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) a. COUNTY g. STATE b. COUNTY MONTGOMER Y MARYLAND MAR YLAND MONTGOMERY b. CITY OR TOWN ( f auts de carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and a ve nearest town) COLESVILLE COLESVILLE vears d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 505 COPLEY LANE 505 COPLEY LANE 3. NAME OF DATE Month DECEASED (Type or print) DEATH JUNE 20 5. SEX 6. COLOR OR RACE MARRIED P NEVER MARRIED DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Davs JULY 16, 1925 FEMALE WHITE WIDOWFD [ DIVORCED [7] 33 yrs 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE ISlate or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Homemaker Own home Minnesota U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lerov Wright Chamberlain Hulda Wirtaen IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT Address Iff yes, give wor or dates of service 517-24-1732 Mr. Robert C. Marshall, 505 Copley Lane ending no Md BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE for DUE TO Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 , WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d, INJURY OCCURRED 20f. (City or lown) (County) factory, street, affice bldg., etc.) Haur a.m White Not while at work at work p. m 21. I certify that I attended the deceased from 4 that I last saw the deceased and that death occurred at M. from the causes and on the date stated above. alive an t ADDRESS (Street, city or town, state) RAL Din. ACTUAL SIGNATURE registrar PHYSICIAN'S NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page Transit & Durial Wolf Lake Village Cemetery Wolf Lake, Minnesota 0

e. IS RESIDENCE ON A FARM?

YES TO NO IX

Year

19

PERFORMED?

(Stote)

DATE SIGNED

(Stote)

24b REGISTRAR'S SIGNATURE

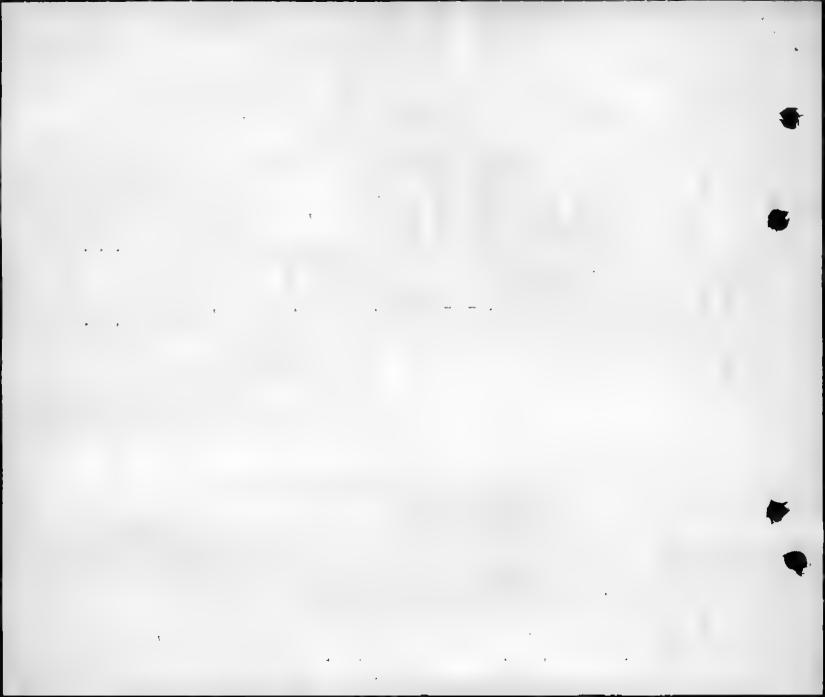
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240. REC'D BY REGISTRAR

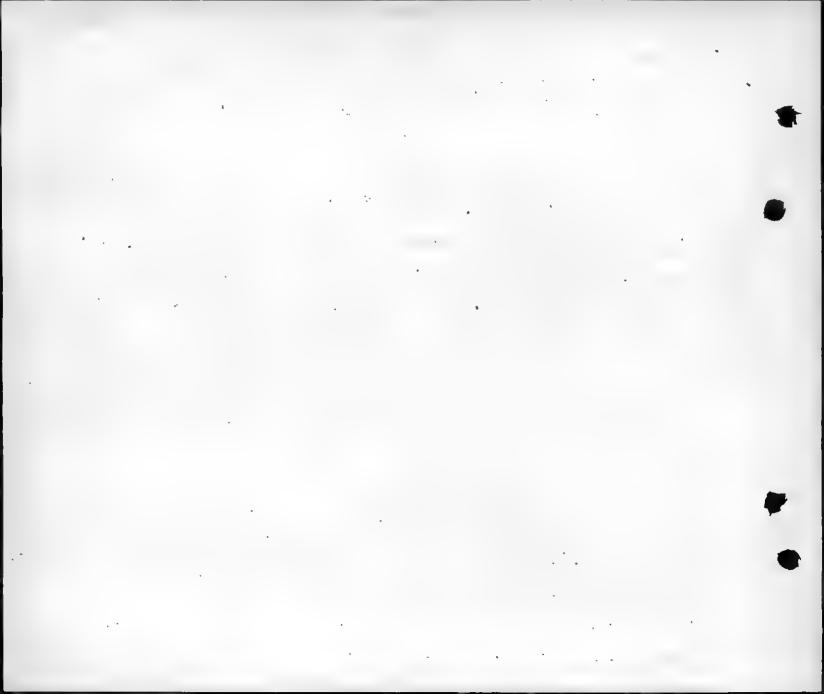
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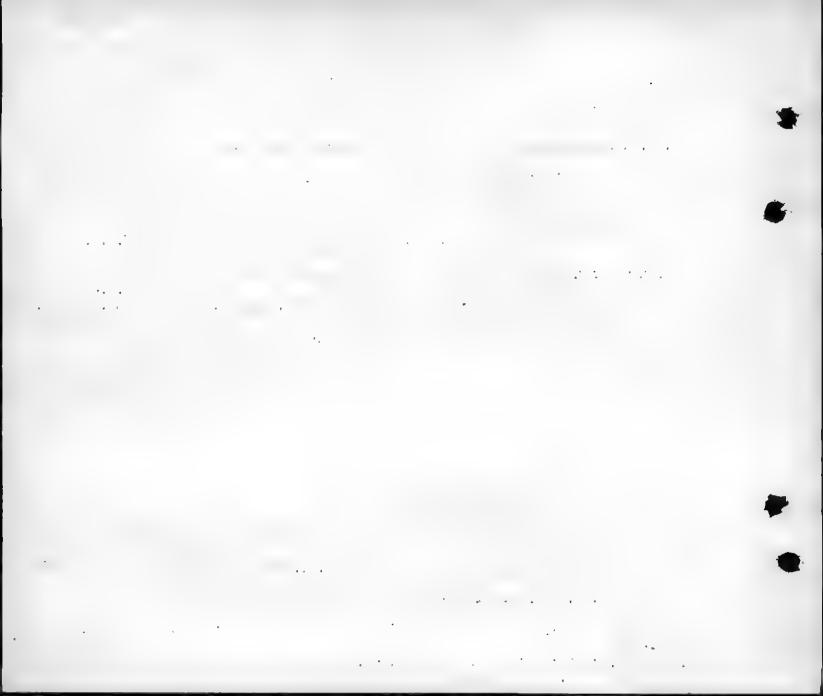
VS A15 (4) 15M 10/57







MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



06964

6985

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

<u> </u>		Keg, Dist. No.
	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE ASH, DC b. COUNTY
	b CITY OR TOWN (If autside corporate limits, write RURAL and give neares) town)  Silver Spring  1 yr.	c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 9301 Weaver Street	J. STREET ADDRESS 2811 ENNA, AVE, S.E. VES NOTE
	NAME OF DECEASED (Type or print)  LOUISE B. Middle	PATTARE OF DEATH JUNE 26 1959
	FEMALE WHITE WIDOWEDS DIVORCED	April 27, 1872 87 yn. IF UNDER 1 YEAR IF UNDER 24 HRS.  April 27, 1872 87 yn.
	la. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housewife  Own Home	itry   11. BirthPlace (Stole or foreign country)   12 CITIZEN OF WHAT COUNTRY   Waryland   U. S.
13.	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Bernard Buscher	Louise Burkhardt
15. (Ye	(4s. no. or unknown)   [III yes, give wor or dates of service)	FORMANT Son 5702 Kirkside Dr.
	No/ None Li	uke Mattare Chevy Chase, Md.
-	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.  [c]  DUE TO  (b)  HYPERTENS  (c)  AND  DIA	IVE HEART DISEASE I YEAR. BETES MELLITUS 5 YEAR.
CERTIFICATION	Part 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		D. (Enter nature of injury in Part I or Port II of item 18 )
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e PLA   19   While   of work   of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg , etc.)
	ACTUAL / DOS Phaymens	9, 19 5 f. to JUNE 26, 19 5 f. that I lost saw the decease occurred of 615 M. from the causes and on the date stated above ADDRESS (Street, city or town, state).  DATE SIGNE 26 J. D. A. J. D. A. J. J. D. A. J.
	PHYSICIAN'S VINCENT J. DIFRANCESCO	AD WISHOUT STORAGE
L	BULLEU	cemetery Washington, D. C. (Slote)
23.	ROBERT A. PUMPHREY  ADDRESS Bethesda	Md. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  DATE JUL 2 '59 Child S. Krama

VS A15 (4) 1890 III/55

March Hard tria d the second secon X III Title C X PX CVI 1 1 10515 1 5 5 * 5 Y H PO PORT A STORY AND DO . . M. ... 11. * the state of the s 

### FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cert of writing word pending in pending in tem, 18. Give Pages 1, 2, and 3 to the funeral direct should be forwarded to the feet of the forminer's Office along with form PM3. Page 5. The relatined for your files.

TO FUNERAL DIRECTOR: Page 5 should be used as a burial-transit permit. File pages 1 and 2. In the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any forest within 72 hours after death.

VS ATSME 5M 2/57

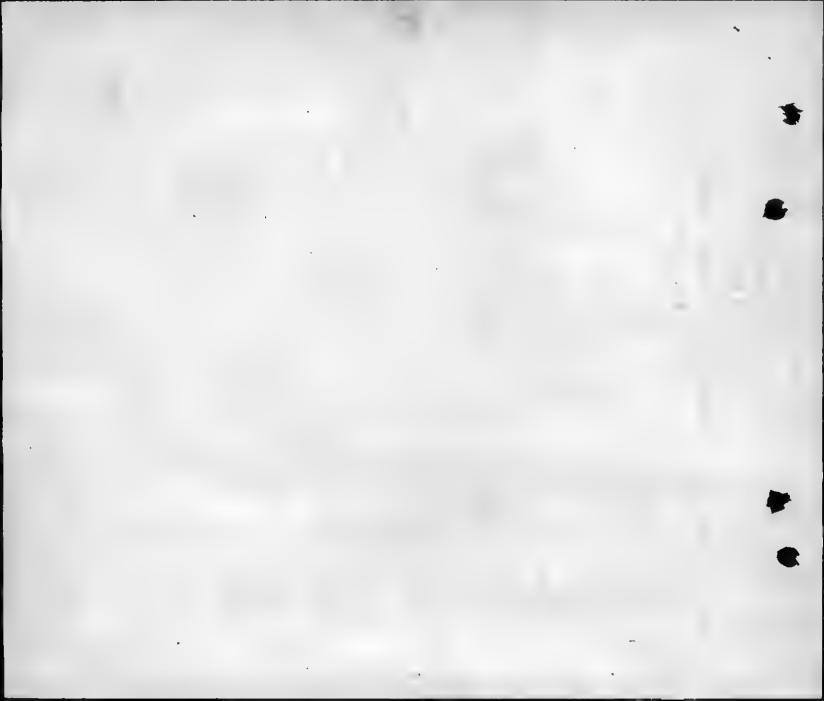
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MA	YLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6986	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	

ΡÓ	١.	Dist.	No.	
-				_
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•		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased I ved If institution, Residence before admission)				
	0	COUNTY MIDITALIZATION MARYLAND	o. STATE by & COUNTY mon to				
) :	b	CITY OR TOWN (If outside corporate limits, write RURAL) c. LENGTH OF STAY IN 16 and give nearth town.	c CITY OR TOWN (If outside corporate limits, write RURAL and give poorest lawn)				
		13 th. 8	x Betherla				
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS   e 'S RESID N E				
		9416 Locust Hill Rd	9416 Lours Hill Rd VES NO 18				
	3. 1	NAME OF First Middle	East 4. DATE Month Day Year				
		Type or print) R. P.	May a DEATH June 3 1953				
	5. S	EX 6. COLOR OR RACE V. MARRIED A NEVER PARRIED 8.	DATE OF BIRTY / P AGE IN your IFUNDER LYEAR IF UNDER 24 HRS				
		male white WIDOWED DIVORCED DI	and 13 1904 Styrs Months Doys Hours Min.				
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI	RY 11/BIRTHPLACE (State or Fareign country) 12. CITIZEN OF WHAT COUNTRY?				
	°	uring most of working life, even if retired)	Pa 21.3.a				
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
ì		Respond topa Man	more Bus Thomas				
			FORMANT Address				
	3100	na, or enhancem) (If yes, give wor or dates of service) 7/3-67-4/80 &	leanor may (with) there ?				
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	TINTERVAL SETWIFN				
		PART I, DEATH WAS CAUSED BY:	ccluses sudden				
		1420-1 DUE TO	Carrier N. Marie C.				
		Constitues to some matrix V					
		gove rise to immediate cause					
	П	(a), stating the underlying DUE TO					
	z		OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY				
N.	2	WARREN TO THE PARTY OF THE PART	PERFORMED?				
	5	20g. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED IE.	nter noture of injury in Port I or Port It of Item 18 )				
	CERTIFICATION	PRIMARY DO CONTRIBUTING D	The state of the s				
	3		E OF INJURY (Home, form, 20f. (City or town) (County) (Stota)  ry, street, effice bidg., etc.)				
	MEDICAL	Hour o. m. While Not while p. m. 19 of work of work	ay, singer, critice citys, etc.)				
		21. I certify that I took charge of the remains described about	ve, held on Autopsy . Inspection . Inquiry . ond in my				
		opinion death resulted from: Natural couses 💹, Accident [	, Suicide , Homicide , Undetermined monner				
		1	n ser elektro				
		SIGNATURE Trank & Dreschart	M.D CHIEF MEDICAL EXAMINER   DATE SIGNED				
		EXAMINER'S PARTY TO BE	ASSISTANT MEDICAL EXAMINER				
		NAME (Type) FANK J. Broschen	1 DEPUTY MEDICAL EXAMINER 1 James 2 1939				
	270	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d LOCATION (Rity town, or county) (State)				
		urial-Trans 5/6/59 Tioga Poir	nt Cemetery Athens. Pennsylvania				
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE				
	R	obert A. Pumphrey Bethesda, Mary	rland DATE JUN 8 159 Criting S. Krous				



9 VS A15 (4) 15M 9/SB

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220 BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY Cremation 6/16/59 Cedar Hill 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert A. Pumphrey-Bethesda, Maryland

Suitland, Maryland 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cirting & Kraus DATE JUN 1 7 '59

22d LOCATION (City, town, or county)

06966

IS RESIDENCE ON A FARM?

YES NO X

Year

19

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO Z

> > (State)

(State)

(County)

Day



Pumphrey Funeral Home, Bethesda, Md.

execut requires that the death certificate ¥ YSICIAN: The

VS A15 (4)

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06967

ON A FARM?

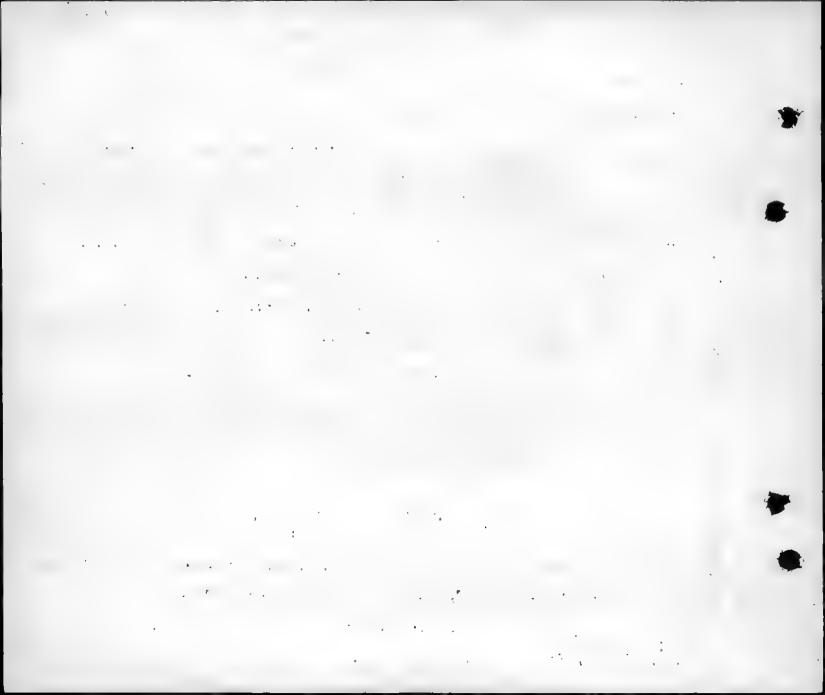
YES NO T

Year

Haurs

1959

THPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?								
Wew Jer	sey	U.S.A.								
ER'S MAIDEN N	R'S MAIDEN NAME									
Len Mac	Cadden									
	Address									
D. McC	oy, same as #2 a	bove								
luce		INTERVAL BETWEEN ONSET AND DEATH								
	iseare									
	nal disease condition given	IN PART 1(a) 19 WAS AUTOPSY PERFORMED?								
re of injury in	Part I ar Part 11 af item 18.)									
RY (Hame, farm office bldg., etc	20f (City or town)	(County) (State)								
9 , to 1'	7 June , 1959, the	at I last saw the deceased								
	M, from the causes and a									
	ADDRESS (Street, city or town, stat	le) DATE SIGNED								
S. Nav	val Hospital	6-17-59								
thesda 14, Maryland										
Y	22d. LOCATION (City, tawn, ar c									
Park	Park Cumberland Co. New Jersey									
24a. REC'		AR'S SIGNATURE								
DATE JU	N 2 2 '59 auch	or S. Krous								



		7			4
ALONG STENDING THISICIAN: The law requires find the begin certificate be executed within 24 hours after reach. Toge 4		certificate has been signed by the attending physician and came by filled in by the Dheral director,	ould be detached facts as the burial-transit permit. Then please remave carbon paper. Pages 1 and 2 shalld be filed with		i li
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2	the haspital or attending physician.	AL DIRECTOR: After	ache	ar priar ta burial, crematian, ar remaval, and in any event within 72 hayrs after death	
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1	S.	TO FUNERAL DIRECTAR: After certificate has been signed by the attending physician and cam by filled in by the	page 3 should be detached for as the burial-transit permit. Then please remove carban papera. Pages 1 and 2 shaw	7
- 1	SIN	111	270	/

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06968 6989 **CERTIFICATE OF DEATH** Reg. Dist. No.

1	PLACE OF DEATH COUNTY Montgomer	У		MARYLA	ND	2 USUAL RESH 0 STATE VIT g:	ence (Wh	ere deceased	lived If institu b. COUNT	v		admission)  Anne
	b. CITY OR TOWN (If RURAL and give ned	c LENGTH OF STAY IN	1Ь	c. CITY OR 1	OWN (If o	utside corpor	ate limits, write	RURAL ond	give neares	st lawn)		
	Bethesda					Princess Anne					- 4	
	d. NAME OF HOSPITA	L (If not in hospital, g	rive street	oddress)		d STREET A	ODRESS				e.	IS RESIDENCE ON A FARM?
L	The Clinic	cal Center	, Bet	thesda 14, M	d.	Route	e #1,	Box 1	5		1	res No Z
3	NAME OF DECEASED	Fir	st	Middle		Los	t	4. DATE	Мо	nih	Day	Year
	(Type or print)	Lawr	ence	(none	)	McM:	Lllion	DEATH	វ័យ	ne	2,	159
5	. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED		B. DATE OF BIRTI			9 AGE (In years last birthday)	IF UNDE		UNDER 24 HRS
	Male	White	WIDOWI	ED DIVORCED		January	6, 18	388	71 yrs		Doys H	laurs Min
R	Da. USUAL OCCUPATION	N (Give kind of working life, even if retired		KIND OF BUSINESS OR	INDUS					12. CI		WHAT COUNTRYS
Ь	Night Watch	•	'   I	Lumber Co.		We	st Vi	rginia			U.S	.A.
	S. FATHER'S NAME					14. MOTHER'S						
1	John McMill:	ion				Li	za Smi	ithson				
1	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT T	he Med	dical	Recordad	dress		
	Yes, no, or unknown) (II	yez, www was as obtained a		unknown	I	he Clin	ical (	Center	, Bether	sda 1	ı, Mar	yland
MOTE A PRINCIPAL TACTION	Conditions, if on gove rise to im cause (a), stating the lying cause lost.  PART II. OTHER TO ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	H WAS CAUSED BY: IMMEDIATE CAUSE (d  DUE TO  y, which mediate to under.  R SIGNIFICANT CON  CAUSE OF DEATH AEDICAL EXAMINER)  Month, Day, Yee	GASH OFFINISC OFFINISC 20b. DESC White	Not while	H BUT I	ruct le Poils myllofi MOT RELATED TO USCU'S	£ Injury in P	Part I ar Part	II of ilem 18.)		onset MI Gold Galy	AL BETWEEN AND DEATH AND D
N N		19	of worl	k at work					50	<b>3</b>		
	Olive on	Cuman R.	12/	od from January 52 . and that d Cutz, M. D.	eoth	occurred of	The Nation	PM, from ADDRESS (SIG Clinic Onal I	the causes cet, city or fown al Cent nst1 tu to	ond on ( , stote) BY OF	the date	stated abave. DATE SIGNED
2	20. BURIAL, CREMATION	726. DATE THERECO	)f	22c. NAME OF CEMETE	RY OF	CREMATORY			ION (City, town,			(State)
	Bunoral (Specify)	0-2-29		Olive B	ran	ch		Por	tsmiut	h, Va	a e	
	Lee Funer		_	ADDRESS Washingto	on	D.C.		JUN 4		ISTRAR'S SI		u.A.

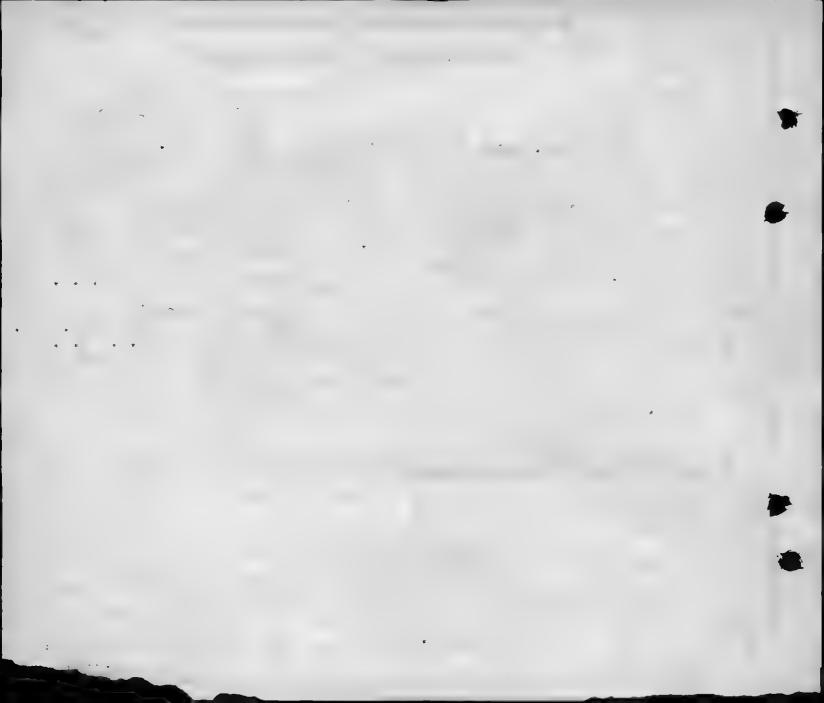


### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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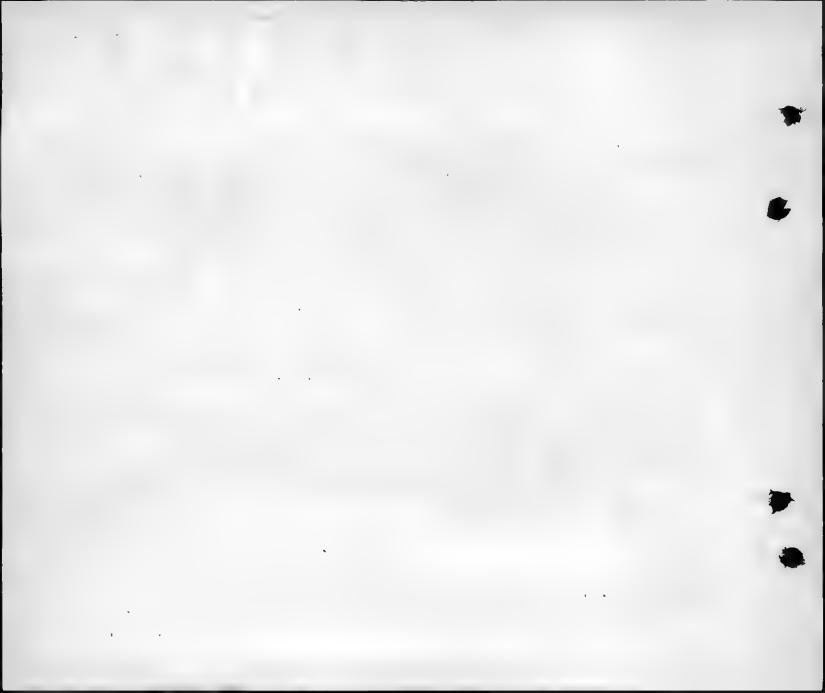
## CERTIFICATE OF DEATH

	Reg. Disc No	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
county Montgomery MARYLAND	STATE Maryland COUNTY Montgomery	
CITY Ill outside comerate limits, write RURAL LENGTH OF STAY	CITY (9 outside companie limits, write PHP A1 and also energy town)	
TOWN Rural Mt. Airy 5 Years	Rural Mt. Airy	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (if rurel give location)  ADDRESS	
3. NAME OF (First) (Middle) DECEASED Marian Groomes	(Last) 4. DATE (Month) (Day) (Year)	
	Meem DEATH June 6 19 59	
Female White 7. Single, Married, Widowed, Diyorced, (Specify) Widowed Aug.		
White (Specify) Widowed Aug.	7 1864 94 yrs. Months Deys Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Ret. School Teacher	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
	Maryland U.S.A.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Hanson Groomes	Henretta Cashell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  (Yas, may or unk.) (If Yas, give wer or deles of service)	Virginia Groomes N. W D.C.	
NO	478 118 De Us	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4 5 A ONICET AND DEATH	
() Viniagalizati	is cardiovascular december 10 yours	
IMMEDIATE CAUSE (A) DUE TO	12 Sept All all Marie Marie 10 days	
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
	YES NO	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stele)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While Not white at work at work	21. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 19 5 c, that I last saw the deceased	
falive on 19.77, and that death occurred a		
SIGNATURE / /	ADDRESS (Street, city, lown, state) DATE, SIGNED	
And M.D.	PAMASCUS MD 1/8/7	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR		
Burial June 9 59 St. Johns	Olney Md.	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25-FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE JUN 11 '59 arthur S. Kraus	1 To- Beiber Laytonsville	



		Reg. Dist. No.
1. PLACE OF DEATH COUNTY MONTGUM CAY MARYLAND	2. USUAL RESIDENCE (Where deceased lived of statistics of STATE b COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  1 N Q 5 ma	c. CITY OR TOWN (If outside corporate limits, write R	RURAL and give nearest town)
d. NAME OF HOSPITAL (It not In hospital, give street oddress) OR INSTITUTION Brooke Grove Foundation	d. STREET ADDRESS 3727 OCE 14n St., M.L	U. e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) 6/10. First San &	meyer of June	14, 1959 Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) Wey/2-1874 85 yrs	Months Doys Hours Min.
drog rist by morking life, even if retired)	Radnor Penn,	12. CITIZEN OF WHAT COUNTS
Thomas mather	Hanna & Barr	Brise Ida Ke
(Yes, no. or unknown) (If yes, give wor or dates of service)	1-1-14 406 mars	Stall St.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (a)	ditti	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which (b) Conditions of one which	Rolerabis	Green
couse (e), stating the <u>under-lying couse lost.</u>   Course (c)   Cours		l d
CATE		/EN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Foc 20d. INJURY OCCURRED 20e. PLA foc 20d work 01 work 19 of work	CE OF INJURY (Home, form, 20f (City or town) fory, street, office bldg., etc.)	(County) (Slote
21. I certify that I attended the deceased from 6-14- alive an 6-14-1959, and that death	, 1959, to 6-14-, 1959 occurred at 3 40 D.M. from the causes of	that I last saw the deceas
ACTUAL SIGNATURE SIGNATURE	ADDRESS (Street, city or town,	
PHYSICIAN'S J.W. Bird	/ /	
* PEMOVALISpecify)		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE S.H HINES CO 2901-14th St. W.	11 20	STRAR'S SIGNATURE
	b. CITY OR TOWN (If outside corporate limits, write  RURAL and give, neprest form)  d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  3. MAME OF DECEASED  (Type or print)  100. USUAL OCCUPATION (Give kind of work done)  1100. USUAL OCCUPATION (Give kind of work done)  1100. USUAL OCCUPATION (Give kind of work done)  1100. USUAL OCCUPATION (Give kind of work done)  1111. WAS DECEASED EVER IN U. S. ARMED FORCES?  1111. WAS DECEASED EVER IN U. S. ARMED FORCES?  1111. DEATH WAS CAUSED 8Y:  1111. IT IN INTEREST IN IT IN INTEREST	D. CITY OR TOWN (If outside corporate limits, write I RURAL and g vs. mouses having)  d. NAME OF HOSPITAL (II not In hospital, give street oddress)  d. NAME OF HOSPITAL (II not In hospital, give street oddress)  3. NAME OF OR CASTOLITON  3. NAME OF HOSPITAL (II not In hospital, give street oddress)  3. NAME OF OR CASTOLITON  3. NAME OF HOSPITAL (II not In hospital, give street oddress)  3. NAME OF OR CASTOLITON  3. NAME OF HOSPITAL (II not In hospital, give street oddress)  3. NAME OF OR CASTOLITON  4. NAME OF HOSPITAL (II not In hospital, give street oddress)  3. NAME OF ORCA GOOD (II not In hospital)  3. NAME OF HOSPITAL (II not In hospital)  3. NAME OF HOSPITAL (II not In hospital)  3. NAME OF ORCA GOOD (II not In hospital)  3. NAME OF HOSPITAL (II not In hospital)  3. NAME OF HOSPITAL (II not In hospital)  4. NAME OF HOSPITAL (II not In hospital)  5. SEX  4. COLOR OR RACE  7. NARREED   MEYER MARRIED   B. DATE OF BIRTH  9. NAG DECRASED (II nyear)  10. USUAL OCCUPATION (Give hind of work don')  10. USUAL OCCUPATION (Give hind of work don')

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

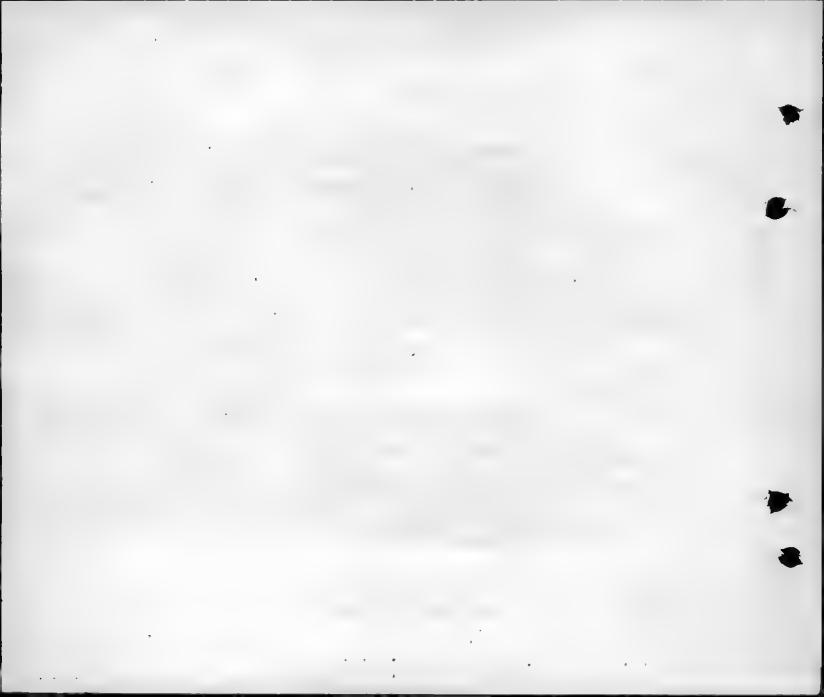
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6992 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

06971

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Mor	ntgomery		MARYLA	- 11	USUAL RESIDENCE (V	Where deceo	sed lived. If instr b. COU		lence befo	re admission)
b. CITY OR TOWN (II	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (I		porale limits, wri	te RURAL on	d give ner	orest town)
Kensingt	•				Chil	llum	11	X		
	AL (If not in hospital, s	jive street	oddress)		d. STREET ADDRESS			- /		e. IS RESIDENCE ON A FAPM?
Kensingto	n Garden	s Nu	rsing Home		629 She	ridan	St.			YES NO
3. NAME OF DECEASED	Fi	al	Middle		Last	4. DATE		Month	Da	
(Type or print)		usie	E		Mevers	DEAT		P		
5. SEX	6. COLOR OR RACE	7- MARR	IED NEVER MARRIED		DATE OF BIRTH		9 AGE (In yellost birthdo	y) Months		Hours Min
ferale	white	WIDOWI		_	4/14/69		90	уга	Ouy:	110013 MIII
during most of work Housewife	ON (Give kind of work ling life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTR	Marylar Marylar	ite or foreign Ad	country)	12. 0	CITIZEN O	OF WHAT COUNTR
13. FATHER'S NAME				1	14. MOTHER'S MAIDEN	NAME	·			
Willia	am H. Sta	rr			Sara	h J.	Doxen			
IS. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY NO.	17. INFO	DRMANT			Address		
(Yes no or unknown) NO	(If yes, give war or dates of i		none	) E	lospital/	eçor	da	uelis	1	Freak
			ne for (a), (b), and (c).	ai	Political	12/	all the		INT	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (	N	2 avalla	eks	meis l	Len	lus!			4/~
450.0	DUE TO		7 / 7		/		1 ^	~ \		0
Conditions, if a		3	1. Inse	1	16-8	>	approx	2,0	)   1	WY-
gave rise to in cause (a), stating		(O)	1 1	SO	, , , ,	(0)	9/1	/		
lying couse lost.	7	17/1	Midh	DX	Merchan	750	10			Mr
PAIT II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TER	MINAL DISE	ASE CONDITION	GIVEN IN P	ART 1(o) 1	19. WAS AUTOPSY PERFORMED?
2										YES   NO
O (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY ÓCCI	JRRED. (	Enter nature of injury i	n Port 1 or P	art II of item 18 )			
20c. TIME OF INJURY Hour a.m.	Y Month, Doy, Ye			PLACE	OF INJURY (Home, fo	rm, 20f, (C	ity or town)		(County)	(State
Hour a.m.	19	While of worl	k at while	100101	y, street, office bldg., e	HC.]				
21. I certify the	at 1 attended the	decease	ed from 6 4 5	$\varsigma$	19 to	6/10	155 10	that	Llost sc	aw the deceas
alive on	7/55	. 19		eath o	ccurred ot					
		,	0				(Street, city or lo		THE DO	DATE SIGN
ACTUAL SIGNATURE	ean	3 K	SAM	M I	CONC	wate	1		(.	10/50
			"Sinor LEAR			7				
PHYSICIAN'S NAME (Type)			SAM ALLEN M.	<u> </u>						
220. BURIAL, CREMATION	N, 22b. DATE THEREC		22c. NAME OF CEMETE	Y OR C	REMATORY	22d. LOC	ATION (City, tow	rn, or county	)	(State)
REMOVAL (Specify)	6/13/5	9	Eedar Hil	<b>Y</b> (	emetery		tland,			
23. FUNERAL DIRECTOR'S		20	Ol Appress h St			C'D BY REGI		EGISTRAR'S		
The S.H.	Hines Co	A	or rate of	• IN	DATE	anu i	¥ 2a	Listlin	1 S. T.	trains



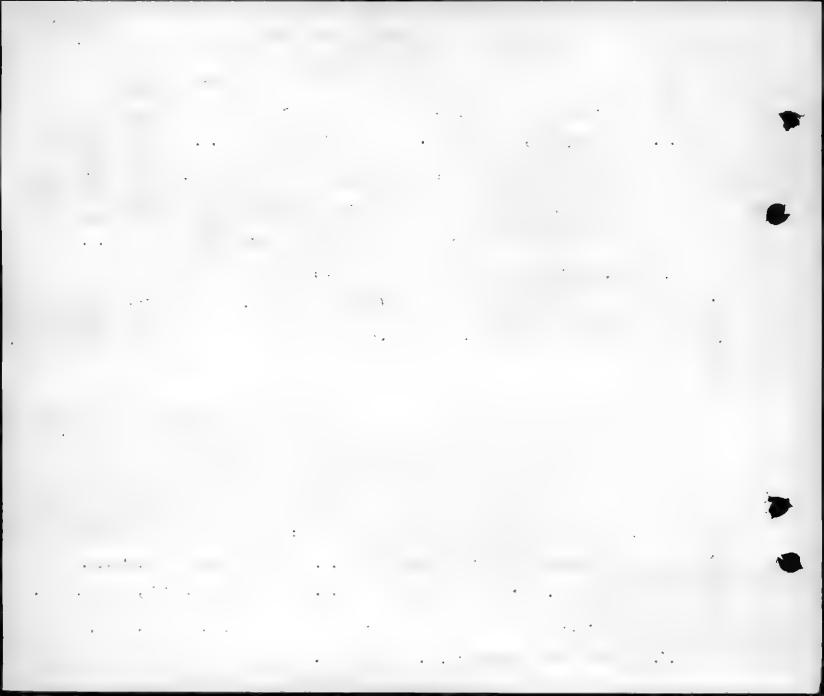
death

physician

ending

att

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



#### FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessized please execute the certification withing it ward "pending" in pending in them. 18. Give Pages 1, 2, and 3 for the funeral direction of should be farwarded to the first Medical Examiner's Office along with farm PM3. Page 5 for retained for your lies.

TO FUNERAL DIRECTOR: Page 5 foold be used as a burial-transit permit. File pages 1 and 2 for the State Board of Recht, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

U

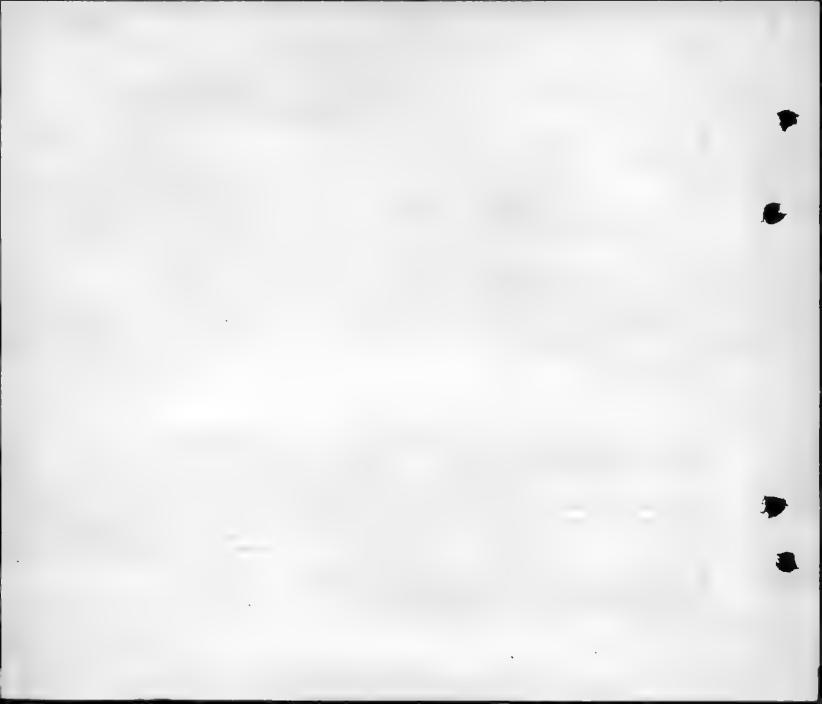
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**VS. A15ME** 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07137 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Per Dist. No

	749. 5/21. 779.
I, PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived if smithution. Residence before admission)
O. COUNTY / MARYLAND	o. STATE // b COUNTY /
b. CITY OR TOWN III outside corporate limits, write NUML   C. LENGTH OF STAY IN 16	Calugha -
oud dive underst town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give prorest, town)
Na Brookmont 15 min	(d.0 7)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS (e. IS PESIDENCE
NI	ON A FARM?
Joeman Kwa	2708 N Buchana YES NO R
3. NAME OF First Middle	Lost 4. DATE Month Doy Year
(Type or print) R. I. & R. & h. A	OF A
10 ten trummam 11 WK	the transfer to the
5. SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED 3.	leastly abrieved
Male WIDOWED DIVORCED DIVORCED DIVORCED	Months Days Hours Min.
100 USUAL OCCUPATION (G've kind of work done) 10b, KIND OF BUSINESS OR INDUST	and the second of the second o
during most of working life, even if retired)	RY 11 BIRTHIPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Student	TEXAS- USE
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
10 0 h. 20 h	10 - 0 h. 1 1
1. B Milleken	Yvilyn Mackedon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. If	FORMANT/ Address Address
1	So72 yellan 13eng
	an war - Cillian 16
18 CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c) ]	INTERVA, BETWERTS ONSET AND STATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	
0108	andler
7 d. 7. 0 DUE TO	
Conditions, if any, which) (b) School	
gave rise to immediate couse (a), stating the underlying DUE TO	
(e), storing the underlying	
PART II, DIREK SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20d. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING (2005) CAUSE OF DEATH.	YES NO NO
200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURRED IE	ofer nature of injury in Port I or Part II of Item 18.)
PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	A CONTROL MINISTRALIA CONTROL MANAGEMENT OF THE PROPERTY OF TH
The state of the s	s sevenny on Jak. K
5 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLACE	CE OF INJURY (Home norm, 20f. (City or lawn) (County) [Slate]
While Not while	ny, street, dritte blag , etc.;
	at Re We Brooksmit Monto Mil
21. I certify that I took charge of the remains described aba	ve, held on Autopsy . Inspection . Inquiry . Land in my
opinian death resulted fram: Natural causes . Accident	Suicide   Homicide   Undetermined manuar
Accident L	A source T' trouverde T' Oudeletunitied manner T
1	BARR SIGNIFF
SIGNATURE Think () I Investigate	M.D. CHIEF MEDICAL EXAMINER
	ASSISTANT MEDICAL EXAMINER
EXAMINER'S TO DE CO	- 1 27 10
NAME (Type) J'ANA J. BOOKER	TOEPUTY MEDICAL EXAMINER OF 17-24
220. BURIAL, CREMATION 226. DATE THEREOF 225 NAME OF CEMETERY OR	CREMATORY 22d (QCATION (City, town, or county) (Slote)
BREMOVAL (Specify)	retire of Milarch
23 FUMERAL DIRECTOR'S SIGNATURE ADDRESS	THE CUERCE LACE LEGG LESS . L. C.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS/	
Chilles Fernand House	240. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE
	240. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNATURE CONCREDE DATE UL 2 '59 Onting & Huma



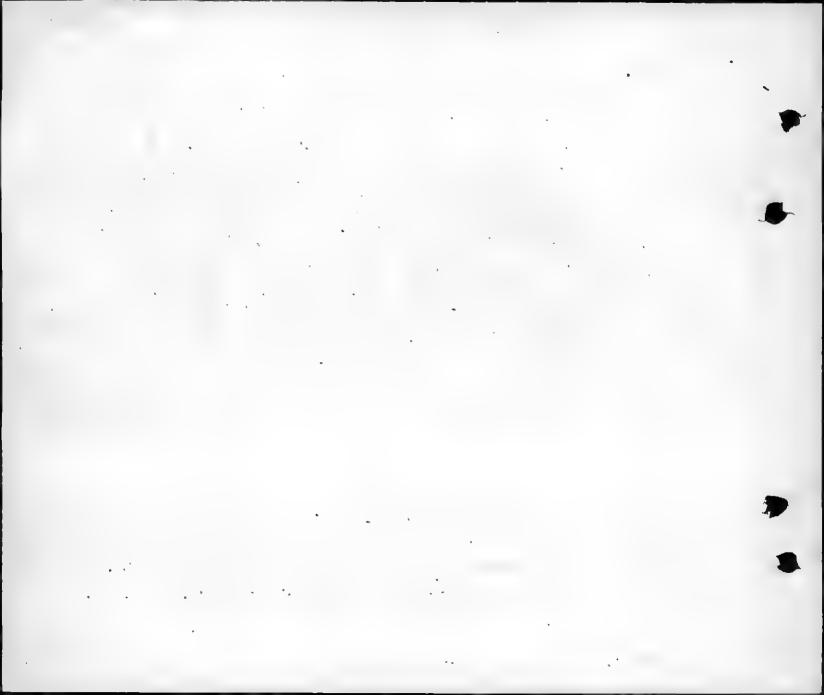




VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6996 CERTIFICATE OF DEATH

	O O O CERTIFIC	ATE OF DEATH	Reg. Di	st. No.
	PLACE OF DEATH  O. COUNTY  MONTANAPP  MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	ice before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give pearest tawn)	c. CITY OR TOWN (If outside co	arparate limits, write RURAL and	give nearest town)
-	d NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	12	e. IS RESIDENCE ON A FARM?
	JUBUR DAN	1 7209 10	rest ka	YES NO
	NAME OF DECEASED (Type or print)  First Middle  WARd	MILLER 4. DA	TONE	26 1959
	MALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH  Qual 18 187	9. AGE (In years IF UNDER last birthday)  Months  yrs.	Doys Hours Min
	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Ref. + (Red)  Smith	USIN 11. BIRTHPLACE (Stote or foreign)	New JORK	ZEN OF WHAT COUNTRY?
	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME /	,/	
	SAMUEL MILLER	UNKNO	WN	
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  1. (1) Yes, give wor or dates of service) 074-05-938-2 A	SON-8804	mead of S	ethesdA-
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		t / n	INTERVAL BETWEEN ONSET AND DEATH
١	PART I. DEATH WAS CAUSED BY: [NEUMON1]	s Rt. MiddLe	Lobe	10
١	4°2 X DUE TO	occus Aureu	£	
١		secus mente	-	
	gove rise to immediate couse (a), stating the under-lying couse lost.			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL D.S.	EASE CONDITION GIVEN IN PAR	T 1(0) 19 WAS AUTOPSY PERFORMED? YES NO
	20d ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURP OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or	Port II of Item 1B.)	
	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of wark of work	PLACE OF INJURY (Home, form, 20f. actory, street, affice bldg , etc.)	(City or town)	County) (State)
1	21. I certify that I attended the deceased from JANG	16, 1959, to JUA	14 26, 1957, that I lo	ist saw the deceased
		h accurred at 1.350 M, fro		
	SIGNATURE SONITH C. Se fairly mis	m 1 ft 10 10 1	S (Street, city ar town, state)  RDEEM Rd B.	etherla 6/20
	PHYSICIAN'S DEWITT E. DELAWTER	8025 Aberde	en Rd. Beth.	Md.
	20 BURIA, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. 10	CATION (City, town, ar caunty)	(State)
E	sur-Transit 7/1/59 Iliom Ce	metery ]	lliom, New Yo	rk
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24o. REC'D BY RE		
	Robert A. Pumphrey Bethesda, Ma	ryland DATE JUL 2	159 Chilma &	thouse



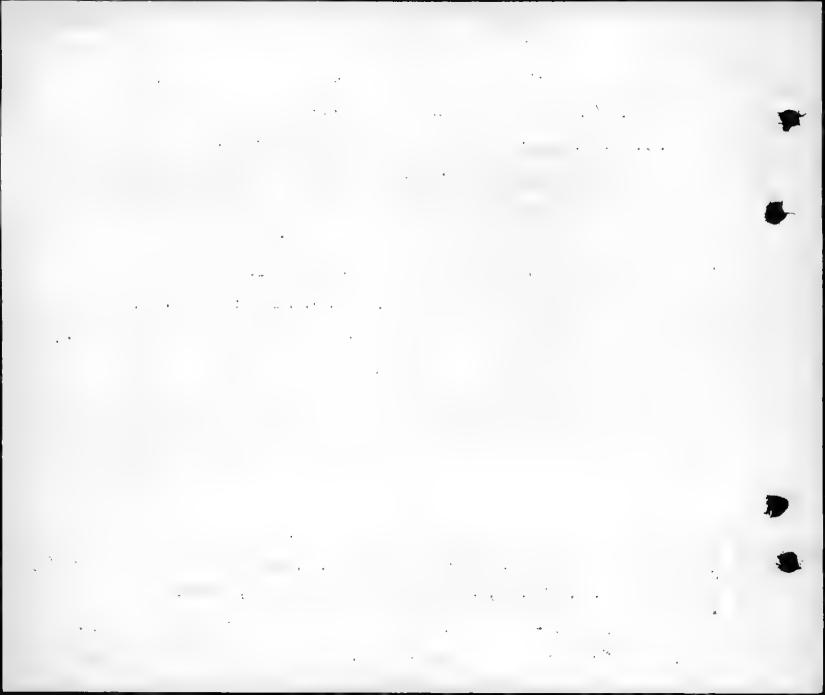
VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6997

**CERTIFICATE OF DEATH** 

06976 Reg. Dist. No. 215

	Keg. Dist. No.L.Z.	
1 PLACE OF DEATH  o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived If institution Residence before admission) o. STATE Maryland b. Wontgomery	
Montgomery		
b. C.TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
Bethesda (Rural) DOA	X Chevy Chase	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDEN ON A FARI	M?
U. S. Naval Hospital	/ 3811 Woodbine St.   YES □ NO	<u>'                                    </u>
3. NAME OF First Middle DECEASED (Type or print) Isabelle Westfall	Morse 4. DATE Month Day Year OF June 17 195	9
5 SEX   6. COLOR OR RACE   7 MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24	HRS
Female Caucasian WIDOWED M DIVORCED	6-1-73 (ast birthdoy) Months Days Hours M	Ain.
10c. USUA. OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	OUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUN	ITRY?
Housewife	Indiana USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Newton Westfall	Lucinda Trimble	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address	
(Yes, no. or unknown) (If yes, give war or dates of senece) None	D) Mrs. W.M.Silliphant, same as #2 above	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEE	EN
PART I. DEATH WAS CAUSED BY:	Aortic Aneurysm ONSET AND DEA	TH
	TORTIC TIMEON JOHN	
DUE TO		
Conditions, if ony, which   (b) ARTERIOSCIERESSI.	5	
gove rise to immediate Couse (a), stating the under		
lying couse lost. (c)		
	UT NOT RELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
NI WILLIAM TO THE PART OF THE	PERFORMED YES X NO	
200 ACC DENT WAS UNDERLYING IT 1206 DESCRIPE HOW INTURY OCCUR	RED. (Enter nature of injury in Port ! or Port II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ALD. (Little Politice of Index) William 100 100 100 100 100 100 100 100 100 10	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m While of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (S	Stote)
Hour o. m While Not while	foctory, street, office bldg , etc.)	
21. I certify that I attended the deceased from <u>DOA</u>	, 19, ta, 19,that I last saw the deced	ased
alive an, 19, and that dea	th accurred at 8:45PM, fram the causes and an the date stated ab	ove.
1/20-/	ADDRESS (Street, city or town, state)  DATE SIG	SNED
SIGNATURE A MITCH	M.D. U. S. Naval Hospital 6-18-	59
SIGNATURE	_ m.D	
PHYSICIAN'S R. G. MUTH, LT, MC, USN	Bethesda 14, Maryland	
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
Burial 6-20-59 Parklawn		
28 FUNERAL RIFECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	
N. A. Pumphrey Faneral Home, Bethesda,		



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6998 CERTIFICATE OF DEATH

Rea. Dist. No

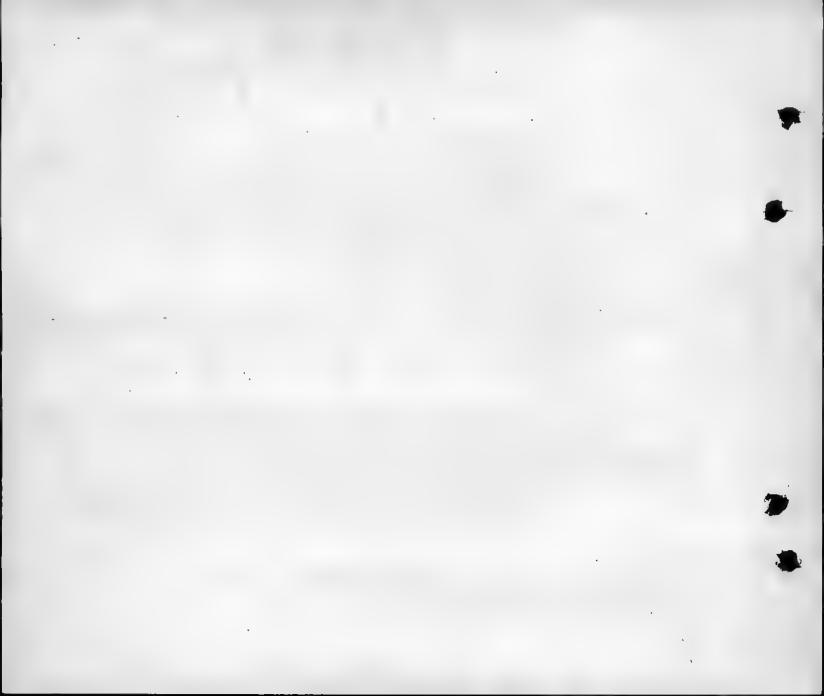
_		
1, 6	o. COUNTY The THE THE MARYLAND 2.1	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b COUNTY
t		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	734 Fit 50 28 16 a cogs	11:5617-9 ton 471.
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  C. Scarbet	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO N
3. P		Lost 4. DATE Month 71-11-Day Year
	DECEASED (Type or print)	21855, OF DEATH Steere 20 19 59
5. S	SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DA	ATE OF BIRTH ADDTOX.  9 AGE (In years)  15 UNDER TYEAR IF UNDER 24 HRS  10 Undershoot)  Months Days Hours Min.
10a.	DO. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	during most of working life, even if retired)	1: ashington De U. J. H.
13	1/200 /	MOTHER'S MAIDEN NAME
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR	MANY L
	Tes no or unknown) (11 yes, give wor or dates of service)	Inta Hour 31 2. Milace was
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	onset and constitute onset and Death
	X DUE TO 6 # 1	1 12 1
	Conditions, if ony, which) the key threat alreb	a interest arenyon
	gove rise to immediate couse (a), stating the under-	0 - 12
	lying couse last. (c) Cortenle l.t.	the of last of lodel
CATION	PANT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?  YES NO 19
CERTIFIC	200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OCCURRED. (En	nter noture of injury in Part I or Part II of item 18.)
		OF ISHBOW BLL. C. Tour co.
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Foctory.  While Not while of work of work of work of work.	OF INJURY (Home, form, street, office bldg., etc.)  (County) (Stote)
	21. I certify that I attended the deceased from June 1	, 1959, to Flere. 20, 1951, that I last saw the deceased
	alive on 19 17, and that death acc	curred at 7. M., from the causes and an the date stated above.
		ADDRESS (Street, city or town, state)  DATE SIGNED
	SIGNATURE ACCOUNT (COMM.D.	16 26 BCd Gea Cly, John Springs
	PHYSICIAN'S Donald Neton	
220	20 BURIAL CREMATION, 226. DATE THEREOF 22C NAME OF CEMETERY OR CRE	EMATORY 22d. LOGATION (City, town, or county) (Stote)
CA	MATTER TICK 6 23-59 Cedar Hel	I Suittand and
23	3 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	DEAL FUNERAL HOME GOLLO	Atte DATEUN 25'59 Orthog & Kraus

ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained the hospital or attending physician.

• FUNERAL DIRECTAR: After tertificate has been signed by the attending physician and campage 3 should be detached for it as the burial-transit permit. Then please remove perboa pape the registrar priar to burial, crematian, ar removal, and in any event within 72 have ofter death. may be retained for hospital
TO FUNERAL DIRECTOR: After
page 3 should be detached for VS A15 (4) TSM 10/57

y filled in by the funeral director, ages I and 2 should be filed with

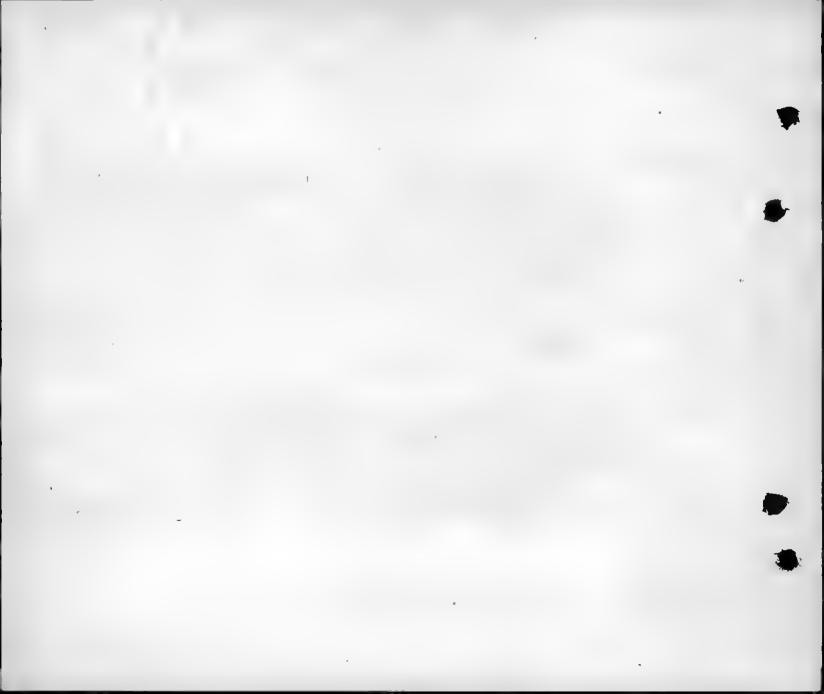
lath: Page 4



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6999

06978 **CERTIFICATE OF DEATH** 

		CERTIFIC	ATE OF DEATE	1		Reg. Dist.	No.	
1. PLACE OF DEATH O COUNTY MONTGOMERY		MARYLAND	2 USUAL RESIDENCE (Who a. STATE MARYLAND	ere deceased live	d If institute b COUNTY FLOWA		before admir	sion)
b. CITY OR TOWN (If autside in RURAL and give nearest law	carporate fimits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside carporate	imits, write R	URAL ond giv	e nearest tow	m) d
OLNEY	•	6 DAYS	DAYTON		151	S =		
d. NAME OF HOSPITAL (IF not OR INSTITUTION  MONTGOMERY COUN		·	d. STREET ADDRESS				ON A	SIDENCE A FARM?
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	th	Day	Yeor
(Type or print)	MARY	GRACE	MULLINIX	OF DEATH	JUNI	E	1	19 59
5. SEX 6. COLO	OR OR RACE 7. MA	ARRIED X NEVER MARRIED	8. DATE OF BIRTH	9 A	GE (In years		YEAR IF UND	ER 24 HRS
FEMALE WHI	TE WIDO	WED DIVORCED	1/12/88	lo lo	st birthday) 71 yrs	Months D	ays Hours	Mín.
16a. USUAL OCCUPATION (Give during most of working life, e	kind of work done 10	6. KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (State	or foreign country	1)	12 CITIZI	EN OF WHA	COUNTRY
Housewife		Home	MARYL	AND		Į.	<b>USA</b>	
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME				
WILLIAM MUS			CATHERINE	CROOKS				
15, WAS DECEASED EVER IN U. S IYes, na. or unknown)   {1} yes, give	ARMED FORCES? 1	16. SOCIAL SECURITY NO. 17.	INFORMANT		Addr	.e11		
no		york	HOSPITAL RECO	RDS	0 Li	NEY, M	ARYLAN	D
18. CAUSE OF DEATH [Enle		line far (a), (b), and (c).]					INTERVAL B	ETWEEN
PART I. DEATH WAS I	CAUSED BY. ATE CAUSE (a)	Uremia					5 day	'S
4-20.1	DUE TO							
Conditions, if ony, which		Nephroscl	erosis				6 mon	ths
gove rise to immediate couse (a), stating the under	BUL TO							
lying couse lost.	(c)	<u> </u>						
PART II. OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART I	(a) 19 WAS	AUTOPSY DRMED?
3 Arteriosc	lerosis	with coronar	y sclerosis					NO 🔼
PART II. OTHER SIGNI  Arteriose  200. Accident was under or contributing   Caus (IF Either, NOTIFY MEDICAL	E OF DEATH!	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art I or Part II of	item 18.]			
20c. TIME OF INJURY Month Hour o. m. p. m.	whi		LACE OF INJURY (Home, form, sclory, street, affice bldg., etc.	20f. (City or to	own)	(Coe	unly}	(State)
21. I certify that I att	ended the dece	ased from Jul	y 1946 kg	June 1	1059	_,that   la	et cour the	desees
glive on Jun	e 1 10		h accurred at 1:17	Bu from the				
01				ADDRESS (Street,				ATE SIGNE
SIGNATURE C	dis 5.	whitaker,	M.D					
	WHI TAKER			ILLE, M			6	-1-5
220. BURIAL, CREMATION, 22b.	-4-59	MT UND	OR CREMATORY	22d. LOCATION	City, town, o	or county)	lo. (Sto	INS!
23. FUNERAL DIRECTOR'S SIGNAT	arshit L	ADDRESS HELL	744/ , 240. REC'D	BY REGISTRAR		TRAR'S SIGN	ATURE	1



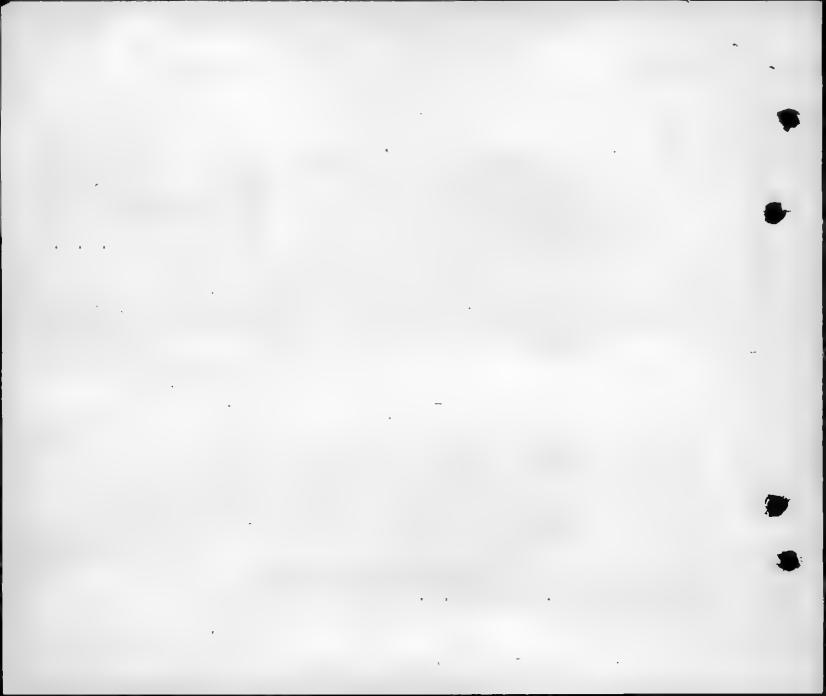
TO HOSPITAL OR

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7000

**CERTIFICATE OF DEATH** 

		000	CENTIL	100	IL OI D	LAH			Reg. Dis	t. No.		
1. PLACE OF DEATH 6. COUNTY Montgomes			MARYLA		2. USUAL RESID o. STATE FLOYI	ence (Wh	nere decease	d lived If institut b COUNTY	ion Residenc	e befare	admissi	on)
b CITY OR TOWN ( RURAL and give n	If autside corporate limi earest lawn)	its, write	c. LENGTH OF STAY IN	v 16	c. CITY OR T	OWN (If a	utside corpo	prote limits, write l	RAL and g	ive neare	est town	)
Bethesda	70 000				West	Holl	ywood	14	전 조	1		
OR INSTITUTION	AL (if not in hospital, o	give street	address)		d. STREET AL					e.	IS RESI	DENCE FARM?
The Clin	<u>ical Center</u>	, Bet	thesda ll. N	id.	404 8	South	West	62nd Ave	nue			NO I
3. NAME OF DECEASED	Fie	rst	Middle		Lost		4. DATE OF	Moi	oth	Doy	Y	eor
(Type or print)	Jos	eph	Lavell	<u> </u>	Nels	on	DEATH	Jun	ie	9,	3	959
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	□ B.	DATE OF BIRTH			9. AGE (In years				
Male	White	WIDOWI	Section 1	_ ;	March		1934	lost birthdoy) 25 yrs	Months	Days	Hours	Mn.
10a. USUAL OCCUPAT (	DN (Give kind of work king life, eyen if retired	dane 10b	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	CE (State	ar foreign c	ountry)	12 CITI	ZEN OF	WHAT	COUNTR
Shipping		<u> </u>	Dairy			Alal	oama			U. 5	3. A	
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	IAME					
Grady Nel	Lson					Ira	Grabe	en				
IS. WAS DECEASED EVE	R IN U 5, ARMED FOR	ervicel	SOCIAL SECURITY NO.		ORMANT The			lecord Add		-	-	
No		1	116-42-7905	T}	ne Clini	cal (	Center	, Bethes	da 14	, Maj	ryla	nd
		suse per lis	ne for (a), (b), and (c) ]							INTER	VAL BET	WEEN
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE to	3	Cardiac A	rres	t					ONSE	[ AND	DEATH
759.3	DUE TO											
Conditions, if o		3	Congenita	1 He	eart Dis	ease						
gave rise to i	mmediate (	,						monary V	elns	1	-	
lying couse last	(c	1	Post-Cper	ativ	e adren	al hy	perpl	asia				
3		DITIONS C	ONTRIBUTING TO DEAT	H BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART		PERFOR	LTOPSY RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enler nature of	injury in P	Part I ar Por	t II of item 18)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yes	or 20d. It While at work	Not while	0e. PLAC focto	E OF INJURY (H ry, street, affice	lome, farm, bldg., etc.	20f. (City	or town)	(C	ounly)		(Stote)
21. I certify th	at I attended the	decease	ed from April	12	1959	. ta	June 9	1059	,)hat I k	nst saw	the c	docente
alive an	June 9	. 19	9 and that d	leath c	occurred at	11:50	PM from	n the causes o	and on th	a dota	- tota	al above
	. 2		0 000					reet, city or town,		e dule		TE SIGNE
ACTUAL SIGNATURE	reon	+	Dildle	Ca M	n Tr			Center			6/	10/5
-				丿"	V	tions		titutes	of Hea	alth		
PHYSICIAN'S NAME (Type)	Leon I. G	oldbe	erg, M. D.	V	Ве	thes		Marylan	_			
200. BURIAL, CREMATIO Buffattanst			22c. NAME OF CEMETE	ERY OR (			22d. LOCAT	ON (City town, er, Alab	or county)		(Stote)	}
23. FUNERAL DIRECTOR' Robert A.		y-Be	thesda, Ma	ryla	ind		BY REGIST		STRAR'S SIGI		.A.	



VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08154

6885 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

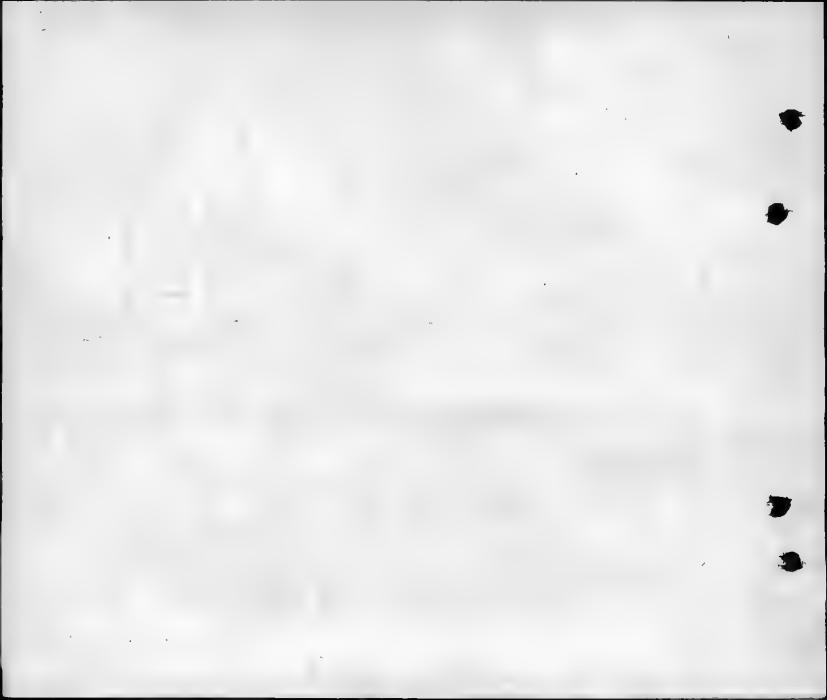
1. PLACE OF BEATH COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o STATE b. COUNTY Maryland TOTOLOGICAL MONTEGORB TY					
b. CITY OR TOWN (If outside corporate lim RURAL and give nearest lown)	c. LENGTH OF STAY IN TH	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Takoma Park,		Silver Spring,					
d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?					
Washington Samitar	ium and Hospital	410 Bonifant Road YES NO 🖼					
3. NAME OF Fi DECEASED (Type or print)	irst Middle	Newcomb 4. Date Month Day Year OF DEATH June 28. 19 59					
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS					
Female White	WIDOWED DIVORCED	June 27. 1959   last birthdoy)   Months   Days Hows Min					
10a USUAL OCCUPATION (Give kind of work	done 10b. KIND OF BUSINESS OR INI	DUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					
during most of working life, even if retired	none	Maryland America					
13. FATHER'S NAME	1 110116	14. MOTHER'S MAIDEN NAME					
Tama a	Edward Navrach						
James 15. Was deceased ever in U. S. ARMED FOI	Edward Newcomb RCES7 [16. SOCIAL SECURITY NO. ] 17	Margaret Gayle Renfro					
[Yes, no, or unknown] [If yes, give wor or dates of	service)						
no	none	father same					
18. CAUSE OF DEATH [Enter only one co	- A	INTERVAL BETWEEN ONSET AND DEATH					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	o) Otiernale	erity - 2 / 5 heps allation					
776 X DUE TO	0						
Conditions, if any, which )	or Cause L	ukenous /					
gove rise to immediate (							
course (o), froning the under-	[c]						
-		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?  YES   NO					
	206. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in Part I or Part II of item 18.)					
200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH THE LITTLE EITHER, NOTIFY MEDICAL EXAMINER)							
	por 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
20c. TIME OF INJURY Month, Day. Ye Hour a. m. p. m 19	While Not while	factory, street, office bldg , etc.)					
p. m	at wark at work						
21. I certify that I attended the	e deceased from <u>le 22-</u>						
alive on la- 28 -	, 19_58, and that dec	th accurred at Z. 45AM, from the causes and on the date stated above					
	7 0	ADDRESS (Street/Eity or fown, state) DATE SIGNE					
SIGNATURE & MANN	a. Nienteri	"40 (1) askrata, Smitariim & Son bitch					
SIGNATURE		Takona Park, Maryland					
PHYSICIAN'S EMMA HU	ples, MD.	Washington Sanitarium and Hospital					
220. BURIAL, CREMATION, 22b DATE THERE	22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)					
Cremation 7-29-5	9 Washington	Sanibarium and Hospital Takoma Park, Maryland					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE					
Robert A. Hare, M. I	. Washington Sani	Carium and Monenital Tolera Deal 30					
	The state of the s	JUL 3 0 '59 Ontly d. Krone					
		JUL O U JO ( Inflight E 77 a					



VS ATSME

06981

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN IN outside c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give hearest town). d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give state oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2 YES NO D 3, NAME OF Middle Month DECEASED DEATH (Type or print) IF UNDER TYEAR 5. SEX 6 COLOR OR RACE 7- MARRIED NEVER MARRIED | 8 DATE OF BIRTH 9. AQE lin years IF UNDER 24 HRS Months Dova WIDOWED [] 10a. LSUAL OCCUPATION (G ve kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Floris 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or enknown) | (If yes, give wor or dates of service) 17. INFORMANT Address 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gave rise to immediate couse **DUE TO** (a), stating the underlying couse fost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING INDEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? NOF 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not while of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [7]. Inquiry | and in my opinion death resulted fram: Natural causes X, Accident 1, Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) 27d. LOCATION (City) 220 BURIAL CREMATION. 27c NAME OF CEMETERY OR CREMATORY (State) FUNERAL DIRECTOR'S SIGNATURE 24o. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE DATE BUN 1 8 '59



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7002

**CERTIFICATE OF DEATH** 

Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY a STATE COUNTY MARYLAND Virginia iont cmery Loudoun b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) D. O. A. Bethesda Sterling d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda Route 1 YES | NO TO 3 NAME OF First Middle Lost 4. DATE Manth DECEASED (Type or print) Elizabeth DEATH 1959 Geneva Payne June 6. COLOR OR RACE 7 MARRIED X NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Months Days Hours Min. Female DIVORCED | Negro WIDOWED [7] May 12. 1926 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Domestic U. S. A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Hawkins Olivia Gantt 17. INFORMANT The Medical Record Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. No Clinical Center, Bethesda 14, Maryland The CAUSE OF DEATH | Enter only one cause per line for (g), (b), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. CHION PAIR II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔯 NO T 20g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, /Enler nature of (nivry in Part I at Part II at item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) Not while factory, street, affice bldg., etc.) Hour o.m. While at work | p. m 59, to June 19 19 59, that I last saw the deceased 21. I certify that I attended the deceased from June 15 and that death accurred at 3:25 A.M., from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL The Clinical Center SIGNATURE National Institutes of Health PHYSICIAN'S NAME (Type) Bethesda ll. Maryland Howard M. Radwin. 220. BURIAL, EXEMPTION, 226 DATE THEREOF 22c NAME OF CEMEJERY OF CHEMATORY CHILLE 22d. LOCATION (City Town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

DATE _

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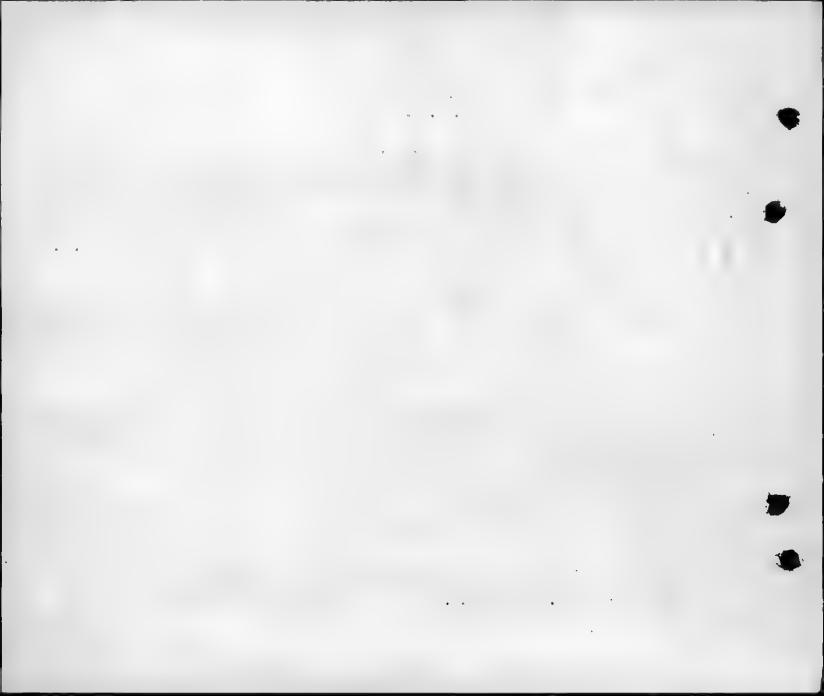
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VS A15 (4) 15M 10/57

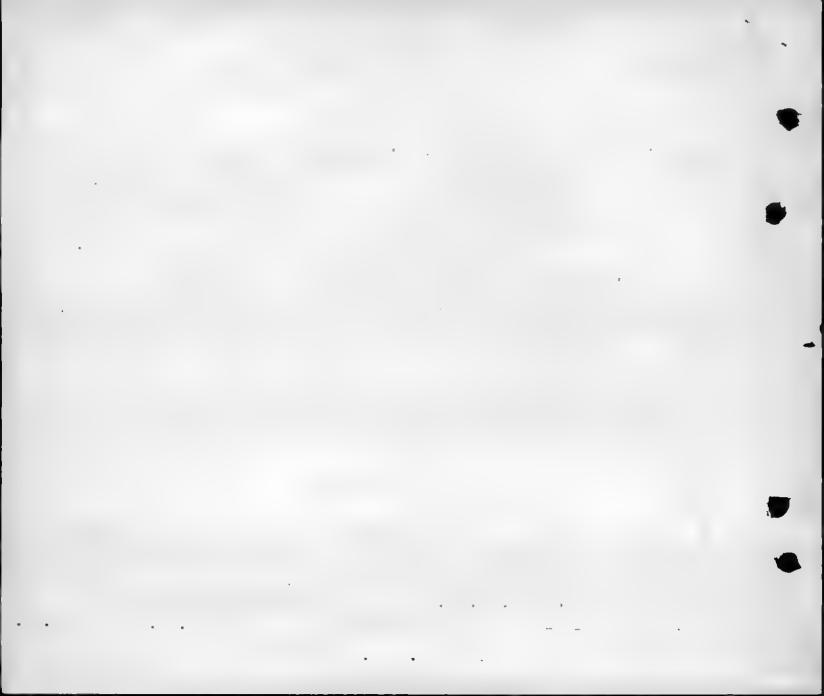
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

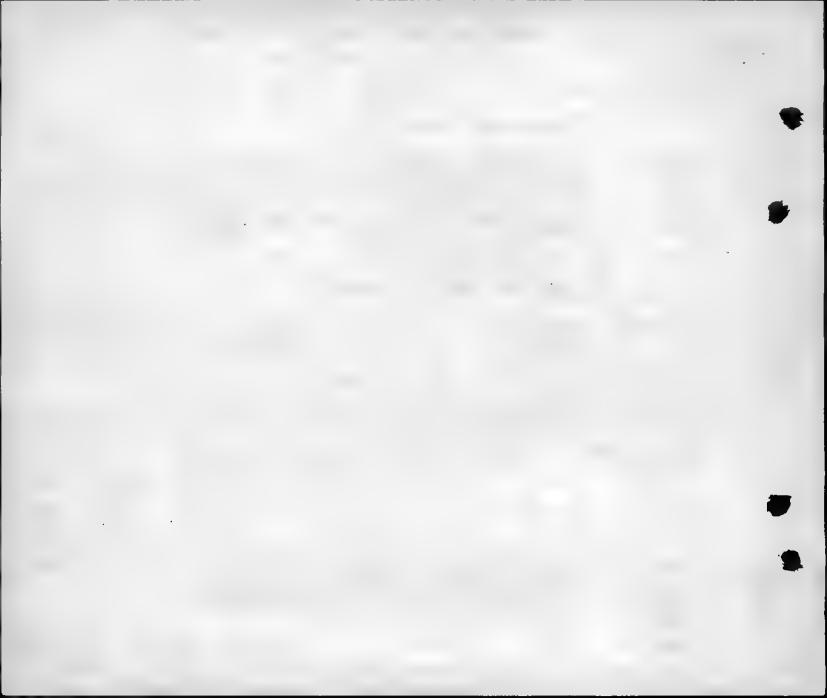
Reg. Dist. No.

#6983

									wañ.	D141. 110		
1. PLACE OF DEATH 6. COUNTY Montgomer	177		M	ARYLAND	2. USUAL RESIDER			b. COUNT	tion Resid	dence befo	re odmii	sion)
b. CITY OR TOWN	(If outside corporate limi	ils, write	c. LENGTH OF S	TAY IN 1b				prote limits, write	RURAL on	nd give nea	rest low	n)
RURAL ond give r	nearest fown)		26 200	-2.04	Elkvi					Di .		
	ITAL (If not in hospital, g	ive street	36 dag	VS	d. STREET ADD	_ ,,				-	e. IS RE	SIDENCE
OR INSTITUTION	cal Center	30+	handa Ili	Ma	Route		Dor 2	27			ON	NO [7]
3. NAME OF							Box 2					
DECEASED	Fire 3.3			ddle	Lost		4. DATE OF		onth	Da	,	Yeor
(Type or print)	Will			thur	Philli:	ps	DEATH		une,	26	<i>*</i>	19 59
5. SEX	6. COLOR OR RACE	7 MARR	HED 🔣 NEVER MA	ARRIED 🛅	8. DATE OF BIRTH			9. AGE (In year lost birthday		ER I YEAR	Hours	ER 24 HRS
Male	White	WIDOWI	-	RCED 🗌	April 2	1, 1	.922	37 7	**********	s odys	110013	min
10o. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINES	SS OR INDU	STRY 11. BIRTHPLAC	E (Slote	or foreign c	ountry)	12	CITIZEN O	F WHA	COUNTRY
Truck Dri		'	Truckir	ng		Kent	uckv			U.	S.	Α.
13. FATHER'S NAME					14. MOTHER'S M	AIDEN I	NAME					
Arthur B.	Phillips					nol 1	ie Sh	STATEON:				
	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO 17.	INFORMANT The				Irlress			
Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	234-20-51							7.5	*	3
	ANA TT				e Clinica	r ce	enver,	Betnesc	а 14.	-		
	ATH [Enter only one co		- 1									DEATH
PARI I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	$\frac{U}{U}$	rower	1012/4	EUMON	11					dA	15
	DUE TO			,								
Conditions, if	ony, which ) fb	. (	IREMI	1							Pous	765
gave rise to					PERIOLAR	all busine	nh 120	= = 1= pa	cie			
tying couse lost.	ine under-	1 60000	1904201	77 14 )	CKIDIAK	JULE	por ivo	2 6 7 6 7 6 6	۵,3		MON	1460
Z PART IF OT	HER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	IE TERM	INAL DISEAS	E CONDITION O	IVEN IN P			
S. C.											PERFO	NO [
	AS UNDERLYING () G () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJUR	Y OCCURRE	D (Enter nature of u	ijury in i	Port I or Por	t II of item 18.)				
ZOC. TIME OF INJU		or 20d. Il While	NJURY OCCURRED	20e. Pl fo	ACE OF INJURY (Ho	me, form	n, 20f. (City	y or town)		(County)		(Stole)
₹ p. m.	19	o) worl	k 🔲 of work 🔲				<u>i</u>					
21. L certify ti	hat. I attended the	decease	ed from1	May 21	, 19_52,	ta	June	26 , 19 5	2.that	I last so	ıw the	decease
alive on	June 26	. 19	<b>-</b>		accurred at	:20		n the causes				
			1		, 00001100 01.22		ADDRESS (S	treet, city or tow	ond dri	i ille da	re sicil D	ATE SIGNE
ACTUAL	Lake Coll	1/0	V. U		Th			1 Center			,	127/5
SIGNATURE	- m 4 - 1	000	Chapter -	*				stitutes		U-274	<u>.</u>	7.5.17.
PHYSICIANUS NAME (Type)	John A. Oat	tes.	Jr., M.D		Pe:	thes	da 14	, Maryla	nd I	nearu	[]	
BUTTAL	0N. 22b. DATE THEREO	of O	Morris	Ceme	PREEMADRY		Elkv	1ew W.	Vacounty	Kana	wha	c)W.V
23. FUNERAL DIRECTOR Robert	A Pumphr	ey 7.	557 Wis	c. Av	re. Beth	esti ATE J	B MESIS	TRAR 246 REC		SIGNATUR	-	
						NIE U	IOL L	33		25, 100		

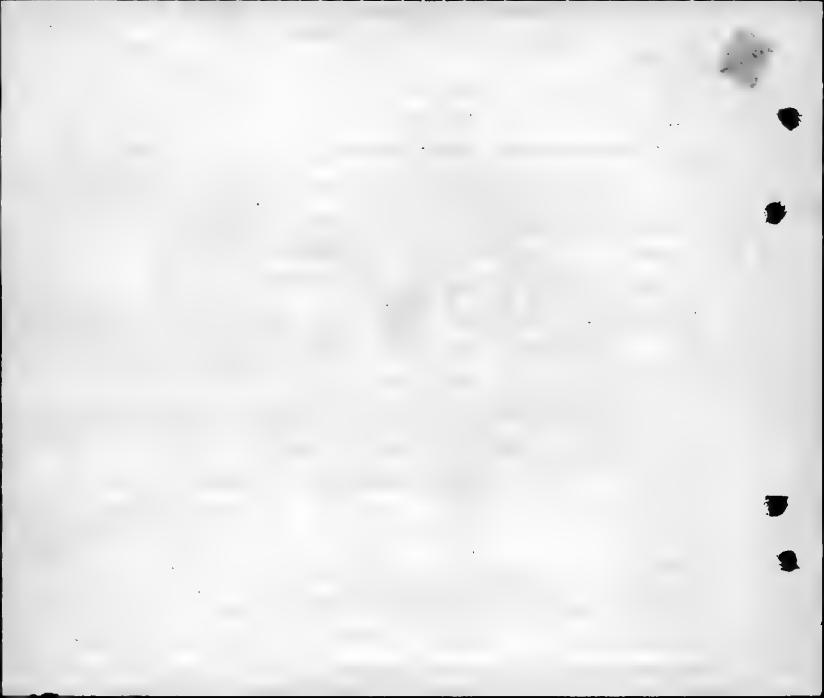


#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116984 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7004 **IOR STATE** Rea. Dist. No. ALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY 1 b. COUNTY files. Health, MARYLAND b. CITY OR TOWN III autude C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). d NAME OF HOPPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS # IS RES DENL ON A FARM? YES INO IT NAME OF Middle DATE Month Year DECEASED 19 5 5 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH FUNDER LYEAR IF UNDER 24 HES Months Days Hours Min. DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? pup 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ARMED FOR LES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wer or dates of persice) 18. CAUSE OF DEATH [Enfer only one couse per I ne for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) **DUE TO** Conditions, if any, which) gave rise to immediate course DUE TO (o) storing the underlying couse losf. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE COND. TION GIVEN IN PART 1(a) 19. WAS ALTOPS PERFORMED? NO M 200. EXTERNAL CAUSE WAS PRIMARY FLOOR CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port f or Part If of item 18.) 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, fash, 1201. (City or town) | White | Nat white | factory, street, affice bldg , stc.) 20c. TIME OF INJURY Month, Day, Year (State) (County) of work X of work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry ... and in my opinion death resulted fram. Natural causes . Accident 💢 Suicide . Homicide . Undetermined manner DATE SIGNED ACTUAL M D CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER TO NAME (Type) 220. BURIAL CREMATION, 226 DATE THER 27d 1OCATION (City, town, or county) CEMETERS DR CREMATORY (State) 1740. REC'D BY REGISTRAR ENGISTRAR S SIGNATURE VS. A15ME JUN 3 0 '59



CERTIFICATE OF DEATH 7005 Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed a. COUNTY L o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate lithits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? criekows YES NO TO NAME OF DATE OF DEATH First Middle 4. Month Day Year DECEASED (Type or print) 19.5 6 COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years Months Dovs Hours Min. DIVORCED | WIDOWED [7] yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) guo au Vienna pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Sophia Pick ğ 9 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line or (o). (b), one INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), sloting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED'S YES NO.P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote) Hour a. m. factory, street, office bldg., etc.) While Not while 19 ot work at work p. m. 21. I certify that I attended the deceased from 1959, that I last sow the deceased and that death occurred M. from the couses and on the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED D PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY JOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE JUN 2 2 VS A15 [4] 15M 9/55 Cirling S. Frank

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed, may be retained by the hasp, or attending physician.

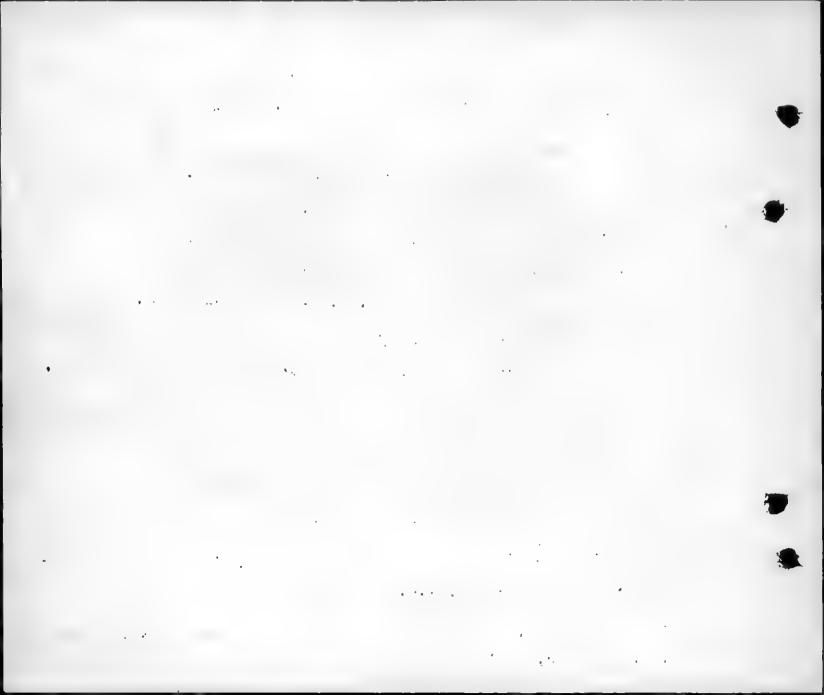
TO FUNERAL DIRECTOR: After the certificate has been signed by the ottending physician and carry, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/58

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funeral director,	)

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7006 CERTIFICATE OF DEATH

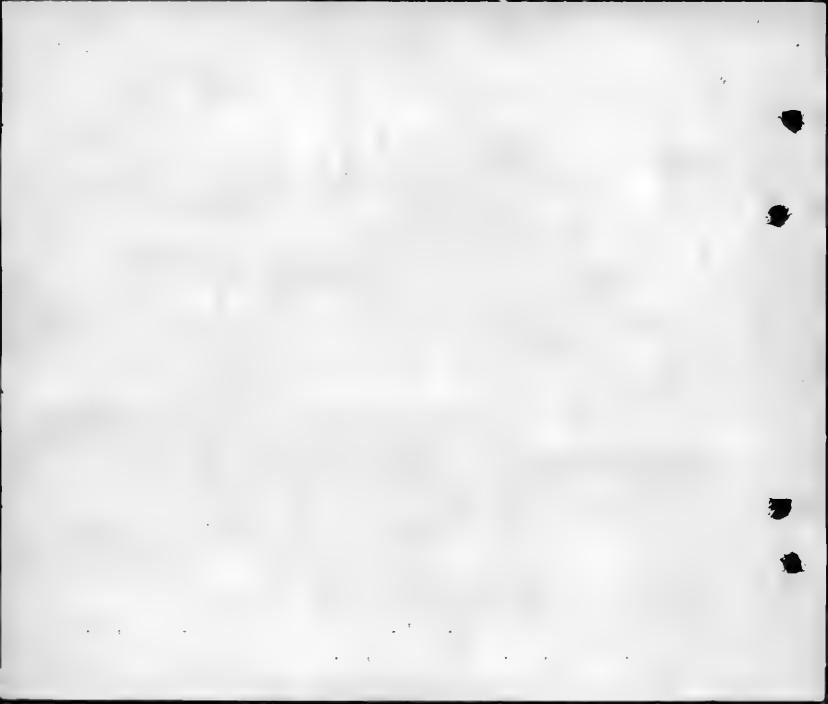
		•		K	teg. Dist. No.
PLACE OF DEATH O. COUNTY MO	ntgomery	MARYLAND		rland b COUNTY	Residence before admission) Montgomery
RURAL and give no	outside corporate limits, write carest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RUR,	AL and give nearest town)
d NAME OF HOSPIT OR INSTITUTION	AL (If not in hospito), give stree	t oddress)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ROSEMARY	ELIZABE	PH PRICE	4. DATE Month OF DEATH June	Day Year 20, 19 59
s. sex Female	6 COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	June 4, 18	Jost birthday) N	funder 1 YEAR IF UNDER 24 HRS fonths Days Hours Min
HOUSE:	ON (Give kind of work done 10th ung life, even if retired)	Home		or foreign country)  ick County	USA
13. FATHER'S NAME  Joh  Joh  Joh  Joh  Joh  Joh  Joh  Jo	n H. Tabler		14, MOTHER'S MAIDEN N		
	R IN U. S. ARMED FORCES? [16 yes, give wor or dates of service]		r. G. Carvo	Price-Same a	
A COLUMN AND	DUE TO (c)  IER SIGNIFICANT CONDITIONS	•		INAL DISEASE CONDITION GIVEN	HIN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY  20c TIME OF INJUR  Hour o.m. p. m	MEDICAL EXAMINER) Y Month, Day, Year 20d. Whil	f.	ACE OF INJURY (Home, form ctory, street, office bidg, etc	i, 20f. (City or town)	(County) (State)
21. I certify the alive an 20 Actual SIGNATURE PHYSICIAN'S NAME (Type)	Gordon M. Sr	1		M, fram the causes and ADDRESS (Stree), city or lower, sto	at I last saw the deceased an the date stated above bate SIGNET 20 June 59
220 BURIAL, CREMAT O REMOVAL (Specify) Burial 23 FUNERAL DIRECTOR	June 23, 19	22c. NAME OF CEMETERY CO.	t Cemetery	22d LOCATION (City, fown, or of the total total D BY REGISTRAK 24b. REGISTR	
W. L. Bu	rdette. Hvat	ttstown. Mary	land DATE A	IIN 2 3 '59 Car	2nd & House



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Page 4	rector, id with	M
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s offer	y the 2	
24 hour	led in b	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	ay be retained the host of ottending physician.  FUNERAL DIRECTOR: Aftire certificate has been signed by the attending physician and carried in by the Sherial director, age 3 shauld be detacted to as the burial-transit permit. Then please remark arrow papers Pages 1 and 2 shauld be filled with	
executed	d ca	
ate be	ician an	Į
t certific	ing phys e remay	72 hou
he death	attend en pleas	nithin nithin
is that if	d by the mit. The	ony ever
require	en signe nsit per	and in
The faw	g physic has be urial-tra	emavol,
ICIAN:	ottendin ertificate as the b	an, or r
G PHYS	lay be retained the host rottending physician.  FUNERAL DIRECTOR: Aft certificate has been signed 3 shauld be detacted by as the burial-transity.	ie registrar prior ta burial, crematian, or remaval, and in ony event within 72 hauf offer death.
TENDIN	ay be retained the hospital the property of th	burial,
ORAT	DIRECTO	prior to
SPITAL	be reta NERAL 3 shav	egistrar
2	Pg. Eg	9

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0000 CEN	IIIICAIL OI DEAIII	Reg. Dist. No.				
1. PLACE OF DEATH	2 USUAL RESIDENCE (Where	deceased lived. If institution: Residence before admission)				
o. COUNTY Montgomery M	ARYLAND O. STATE mary/a	and b. COUNTY Prince George				
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF S	FAY IN 16 c. CITY OR TOWN (Hourside	Se corporate limits, write RURAL and give nearest town)				
Takoma Tark 8 days. Hyattsville						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Washing after San Farium 7 K	Lesp 2705 Kirkw	ood Place Cardens YES NO BO				
	4 104 4	7 1 9 (4) (5)				
3. NAME OF DECEASED (Type or print) Elizabeth. Marga	ret Proett.	DATE Month Day Year OF DEATH 6 . 15 1959				
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH  9. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS.)  10st birthdoy) Months Days Hours Min.						
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINES	- 11 10 1	074 yrs. 12. CITIZEN OF WHAT COUNTRY?				
during most of working life, even if retired) Own home	S OK INDUSTRE IT. BIRTHFOCE (STORE OF IT	4. S. a -				
Home maker	<u>J. C.</u>					
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	OMOROTERINE GOODING				
James H, Cook	TEXTOCOLOGICAL STATES					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY    You no or unknown;	No. 17 INFORMANT RECORDS -	Address				
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: 7/00		ONSET AND DEATH				
4437 IMMEDIATE CAUSE (6) WILLYTHALL	1	1				
DUE TO 1						
Conditions, if any, which by the leading	Willia He Wille A	any and with				
couse (a), stating the under-		\$ /				
lying couse lost. (c)						
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
3		YES NO. IT				
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  PART II OTHER SIGNIFICANT CONDITIONS  PERFORMED?  YES   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)						
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED	20e PLACE OF INJURY (Home, form, 2	Of (City or town) (County) (State)				
Hour a.m. While Not while fectory, street, office bldg., etc.)						
21. I certify that I attended the deceased from 1959, to 1959, that I last saw the deceased						
alive on 1/2017 1957, and that death accurred at 11.797 M, from the causes and on the date stated above.						
ADDRESS (Street, city or town, state)  DATE SIGNED						
SIGNATURE MURALITY Plack feeld MD. 6826 Magos Novel HYATTS welle 141. 415						
PHYSICIAN'S 21 1. When - Old - U.S. in a superior of the super						
NAME (TYPE) HILLIAM TO GHOLE REIFAD NI, D.						
220. BURIAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)						
BURIAL (Specify) 6/18/59 Wash. N	at'l. Cemetery F	Prince Geo. County, Md.				
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE						
WARNER E. PUMPHREY, INC. SILVER SPRING, MD.   JUN 1 7 '59   Cortug & Hours						
Raymond a. Bukai						



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed p. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside perporate limits, write c. LENGTH OF STAY IN 16 /c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give negrest town) should 46855 Grmanlown d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 3. NAME OF First Middle 4. DATE Month filled **DECEASED** OF DEATH (Type or print) nam 5. SEX MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months DIVORCED | WIDOWED [ yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? dod death during most of warking life, even if relired) pub Mainer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician e_Y 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address attending CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY ng that the IMMEDIATE CAUSE (o) DUE TO À Canditians, if any, which gove rise to immediate DUE TO couse (a), stating the underurial-transit lying couse lost. peen CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO SEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. attending 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificat (IF EITHER, NOTIFY MEDICAL EXAMINER) ő 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d, INJURY OCCURRED foctory, street, office bldg., etc.) Hour a.m. While Not while of work of work p. m. hospil 21. I certify that I ottended the deceased from 2, that I last saw the deceased Pe and that death occurred of 12 4th, from the causes and on the date stated above. olive on ACTUAL SIGNATURE FUNERAL DIREC should PHYSICIAN'S er NAME (Type) 0 m

poge 10 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

270 BURIAL, CREMATION,

REMOVAL (Specify)

22b DATE THEREOF

22L NAME OF CEMETERY OR CREMATORY

24a. REC'D BY REGISTRAR

DATELLA

24b REGISTRAR'S SIGNATURE

22d LOCATION (City, town, or county)

502m06

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (Slote)

Doys

(County)

ON A FARM? YES NO

Yeor

19ð



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cath. Page

Pages 1 o

may be retained the hospilal or attending physician.

TO FUNERAL DIRECTR: After certificate has been signed by the attending physician and campage 3 shauld be detached fire as the burial-transit permit. Then please remove carbon paptim registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

VS A15 (4)

15M 10/57

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

L				CERTII	-ICA	TE OF DEAT	Н		Reg. Dist. N	a.	
1.	PLACE OF DEATH 6. COUNTY Montgome:	rv		PLATE.	AVE.	2. USUAL RESIDENCE (M. STATE Mary) and	here deceased	b. COUNTY	tgomerv	ore admis	sion)
Г	b. CITY OR TOWN (IF	outside corporate limi	ts, write	c, LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF	outside corpor			earest town	n)
L	Bethesda	rest lown)		81 days	ļ.	X Bethesda					
	d NAME OF HOSPITA	L (If not in hospital, g	ive street			, d. STREET ADDRESS				e. IS RES	SIDENCE
	The Clin	ical Cente	r. Be	ethesda 14.	Md	/ 4516 Tray	more S	treet			FARM?
3.	NAME OF	Fir		Middle		Lost	4. DATE	Moni	h D		Yeor
	DECEASED (Type or print)	Geo	rgia	Christi	ne	Raffertv	OF DEATH	June	_	,	1959
5.	. SEX			RIED NEVER MARRIE		DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA	4	
	Female	White	WIDOWI	ED DIYORCED		April 9.	1958	lost birthday) yrs.	Months Days	Hours	Min
10	. USUAL OCCUPATION	V (Give kind of work ong life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUS1	TRY 11, BIRTHPLACE (Stote	e or foreign co	ountry)	12. CITIZEN	OF WHAT	COUNT
	Child	ng me, even ir remed		None		Washing	ton. D	. C.	H. S	. A.	
13	FATHER'S NAME					14. MOTHER'S MAIDEN					
y	Joseph P	. Rafferty				Angene	George				
15	WAS DECEASED EVER	IN U. S. ARMED FOR	CE5? 16.	SOCIAL SECURITY NO	17 IN	FORMANT The Me			ess		
ľ	No	Net fire any or one or a	i vicel	None		e Clinical C				rylai	ad
Ī	18. CAUSE OF DEAT	H [Enler only one co	use per lis	ne for (o), (b), and (c).]				^	LIN	TERVAL BE	TWEEN
		H WAS CAUSED BY:	T	the cer	low	al Hemon	hase	2 and	10	SET AND	
	*	DUE TO		. 1	- 1	1 - 1	10		Ē,	1 000	7-
	Conditions, if on		(	Eastwo - 6	. Le	stuest N	luch	Alaras	ره ا	U200	W.
	gove rise to im couse (a), stating the	mediate (		n -			1 -	12 91		5	
1	lying couse lost	) (c		Jalle	I	emercia	U.	Huk	2440	50	Lecly
CERTIFICATION	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT N	NOT RELATED O THE TERM	IINAL DISEASE	CONDITION GIV	EN IN PART I(o)		AUTOPSY PRMED?
L CERTIF	200 ACCIDENT WAS OR CONTRIBUTING I	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b DESI	CRIBE HOW INJURY OC	CURRED	. (Enter nature of injury in	Port I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	v 20d. It While of worl	Not white	Oe. PLA	CE OF INJURY IHome, for ory, street, affice bldg., et	m. 20f. (City	or town)	(County	)	(Stote
	21. I certify the	it I attended the	deceos	ed from Marc	1 12	, 1959 , to J	une 1	1952	,that I last s	aw the	deceas
	alive on	June 1	_, 12 -	29, and that e	death -	accurred at \$255	PM, from	the causes o	nd on the d		
	1	- 00		0 T. 1.		8:45 pi	ADDRESS (SI	reel, city or lown,	itate)	D	ATE SIGN
	SIGNATURE	D+0 100		, raxw	V_M	.p. The Cli	nical	Center		6-2	-59
	PHYSICIAN'S NAME [Type]	athan S. T	aylor	c, M. D.		Nationa Betheso		itutes of Maryland	f Health	L	
22	PEMOVAL (Specific)	, 22b DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d LOCAT	ION (City lown, o	r county)	(\$101	e)
	Burial Specify)	6-4-59		Arlingto	n N	at'l Cem.	Arl	ington,	Virgi	nia	
23	. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		24o. REC	D BY REGIST		TRAR'S SIGNATE		
	Robert A.	Pumphre	y, B	ethesda,	Mar	yland DATE	י 4 אנטנ	'59   a	ritur S. H	entell	



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Please Page HEAI	th the State Board of Health, IL	The state of the s	し I I E I E I
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uneral uneral tained f	tate Bo	Ė	F 6 2
At EXAMINER: This certificate should be executed within 24 hours after death. If any delay is neclitic, writing the ward "pending" in pendi in Item, 18. Give Pages I, 2, and P. Ia the funeral divarded to the Medical Examiner's Office along with form PM3. Page to be retained for	h the S	S S	
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bouted within 24 haurs after death in Item, 18. Give Pages I, 2, and the along with farm PM3. Page	mit. File pages	m, or removal, and in any svent wi	
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in item 18.	it permit	D L	
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should be execting in pencil in xominer's Office	burial	מו זכּוֹ	
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T¥ P	ERA.	0651	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6887 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16990 Reg. Dist. No.

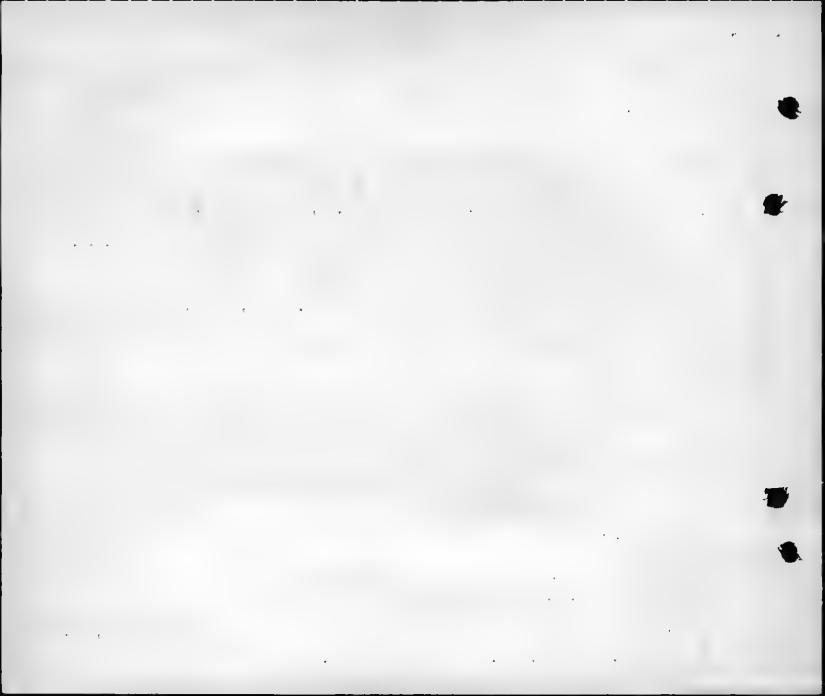
F.		LACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before odmission)
	a	MARYLAND	O. STATE Maryland b. COUNTY Morigomery
	b.	CITY OR TOWN (III outside appoints limits, write LIRAL	c. CITY OR YOWN (If outside carporate limits, write RURAL and give nearest town)
	1	(alkans Park 3 days 14 1/2 h	d Silver Spanier
	9	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	A STREET ADDRESS e IS RESIDENCE
	W	Sashington Sanixarium &OHOSPital	9314 Weaver SX. YES NO
		NAME OF First Middle	Lost 4. DATE Month Day Year
		Type or print) Jack Michael	Reamer DEATH June 17 1959
	5. 51		B. DATE OF B RTH 9. AGE I'M years IF UNDER 1YEAR IF UNDER 24 HIS
	_	Male Habrew WIDOWED DIVORCED	5-24-47 12 yrs. Masiris Days Raum Min.
	10a. d	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS uring most of working life, even if refired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
,		School Child -	Maryland. M.S.a.
/	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Sinday H Keamer	Bankani
		WAS DECEASED EVER IN-UK'S ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address
	[705,	ne, or unknown) (the give war or doler of service)	Horsels Regionals
		18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
	П	PART I. DEATH WAS CAUSED BY: B D. T.	ONSET AND DEATH
	Ш	IMMEDIATE CAUSE (o)   Series /3	medden
٠, ٠		8/3 X DUE TO	2.7.
		Conditions, if any, which are rise to immediate course to immediate course	nlusion
	Н	(o), stating the underlying DUE TO	
	_	cause last. (c) tento my	
^	ģ	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH TUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION G VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	2	V	YES NO 🕅
	PTIF	200. EXTERNAL CAUSE WAS PRIMARY ET OF DEATH.  [CAUSE OF DEATH.]	Enter nature of injury in Part I or Part II of Ilem 18.)
	L CERT	CAUSE OF DEATH. Struck by aut is	Thile redus frageles
	Ş	A 1 6.	CE OF INJURY (Home, farm / 20f. (City of town) (County) (State) tory, street, office bldg., etc.)
. "	MEDI	130 p.m. 6.13 1937 While Not white of work 1	street Selven open Monty mel
		21. I certify that I taok charge of the remains described about	ove, held an Autopsy . Inspection . Inquiry X, and in my
		opinion death resulted from: Natural causes . Accident	
		SIGNATURE TO SOURCE TOUT	M D. CHIEF MEDICAL EXAMINER
m,			ASSISTANT MEDICAL EXAMINER
		NAME (Type) FLANK J. BLOSCH 2114	DEPUTY MEDICAL EXAMINER
	220	BURIAL CREMATION, 226 DATE THEREOF 220. NAME OF CEMETERY O	R CHEMATORY 22d. LOCATION (City, town, or county) (State)
		MINIOVAL (Specify) 10-14-5-9 George was	4 Jun Hyatlawille mb
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	An MAP DE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	1	Soldherg Finne at your 4217 gre	DATESUN 1 8 '59 Cothur & House



DATE JUN 9

arting & Kima

VS A15 (4) 15M 10/57



06992

プロゴム

#### CERTIFICATE OF DEATH

	1070	CERTIFICA	IE OF DEA	111		Reg. Dist. N	D.	
	1. PLACE OF DEATH O. COMMONTGOMERY		2. USUAL RESIDENCE Maryland	(Where deceased	Lived If instituti b. COUNTY	on Residence be	ore admiss	ion)
	b. C-TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Betnesda	LENGTH OF STAY IN 16	city or town  Bethesda	(If outside corpor	ote limits, write R	URAL and give n	earest town	)
	d. NAME OF HOSPITAL (If not in hospital, give street odd OR INST TUTION 5860 Marbury Road	(ress)	d. STREET ADDRES		ad			FARM?
	3. NAME OF DECEASED (Type or print) JOHN R.	REEVES	Last	4. DATE OF DEATH	June 1,	oth (	,,,	Year 19 59
	5. SEX 6 COLOR OR RACE 7 MARRIED White WIDOWED		July 7, 19		9. AGE (In years lost b rthdoy)  5 2 yrs.	Months Doys	Hours	Min
		ND OF BUSINESS OR INDUSTI	Washing	ton, D.	_	12. CITIZEN		OUNTRY?
	Fred W. Reeves			Alderm				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown)  Yes  WW 11  N		cile B. Re	eves- I	. 4 0	lress		
	18. CAUSE OF DEATH [Enter only one couse per line of PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 153.3 DUE TO Conditions, if ony, which )	for (a), (b), and (c).	Care	LICTIC	1= 220		TERVAL BE	
	gove rise to immediate couse (a), stating the under- lying couse lost.		- (					
0	PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH					VEN IN PART 1(a)	PERFC	NO TO
		BE HOW INJURY OCCURRED	(Enter noture of injury	r in Port I or Por	H of item 18)			
	20c. TIME OF INJURY Month, Doy, Year 20d INJU Hour o. m. 19 While p. m. 19 of work	Not while / focto	CE OF INJURY (Home, ory, street, office bldg.		or town)	{Count	y)	(Stote)
	21. I certify that I attended the deceased alive an	fram. $S/24$ G, and that death	ccurred at 3		the causes ar		te stated	
	ACTUAL SIGNATURE	de					/1/59	)
1		.06 Maple Rid						
	Cremation 6/1/59	Cedar Hill		Sui	tland, IV	laryland		(e)
	Robert A. Pumphrey-Beth	nesda, Md.	24g.	JUN 2		ISTRAR'S SIGNAT		

wij. ely filled in by the funeral director, Pages 1 and 2 shauld be fi ed with PHYSICIAN: The law requires that the death certificate be executed

eath. Page 4

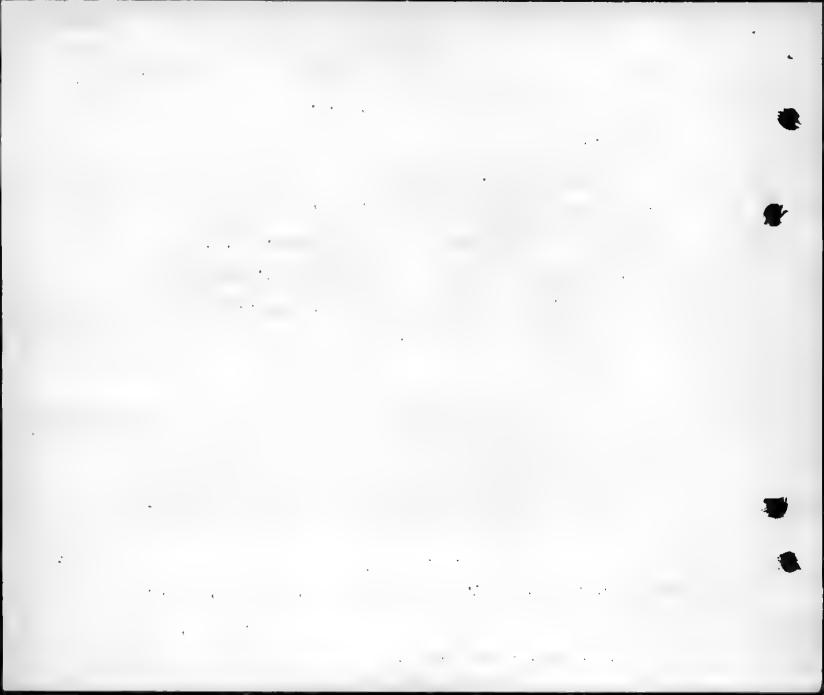
within 24 hours of

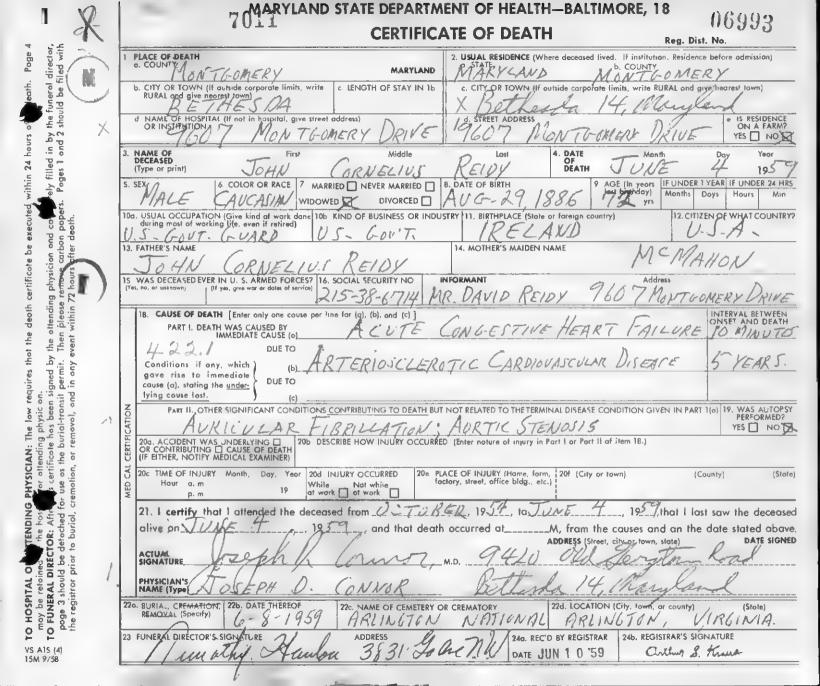
may be retained of the host or attending physician.

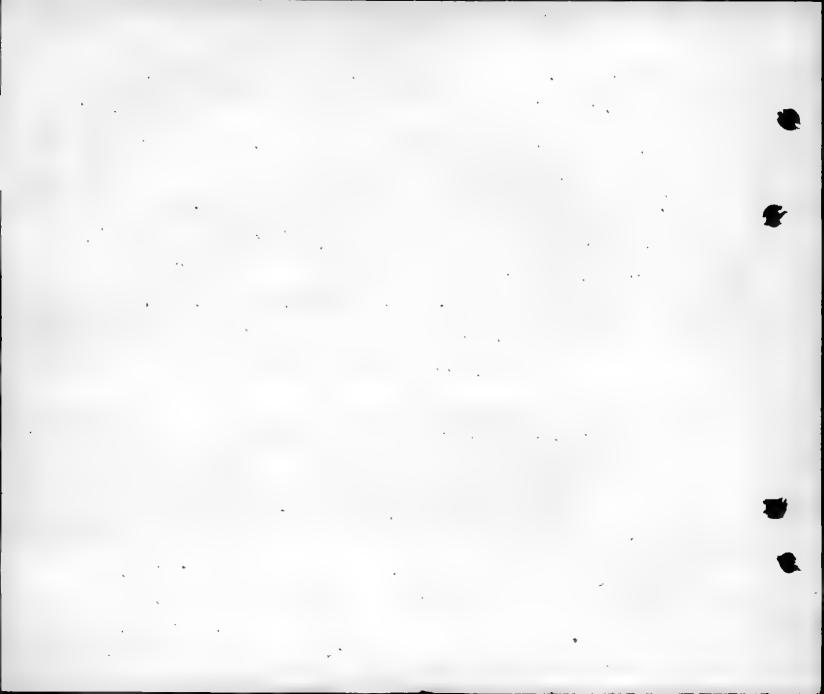
TO FUNERAL DIRECTOR: Afterwas cartificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers, the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after feath.

TO HOSPITAL OF VS A15 (4) 15M 9/58

TENDING







### FOR STATE HEALTH DEPT.

N.

TO DEPUTY MEDICIAL EXAMINER: This certificate should be executed within 24 herrs often death. If any delay is necessare execute the certificate, ward "pending" in pendit in flem, 18. Give Pages 1, 2, and 32 of the funeral direction 4 should be forwarded to the fine of Medical Examiner's Office along with form PM3. Page 5 to be retained for your files.

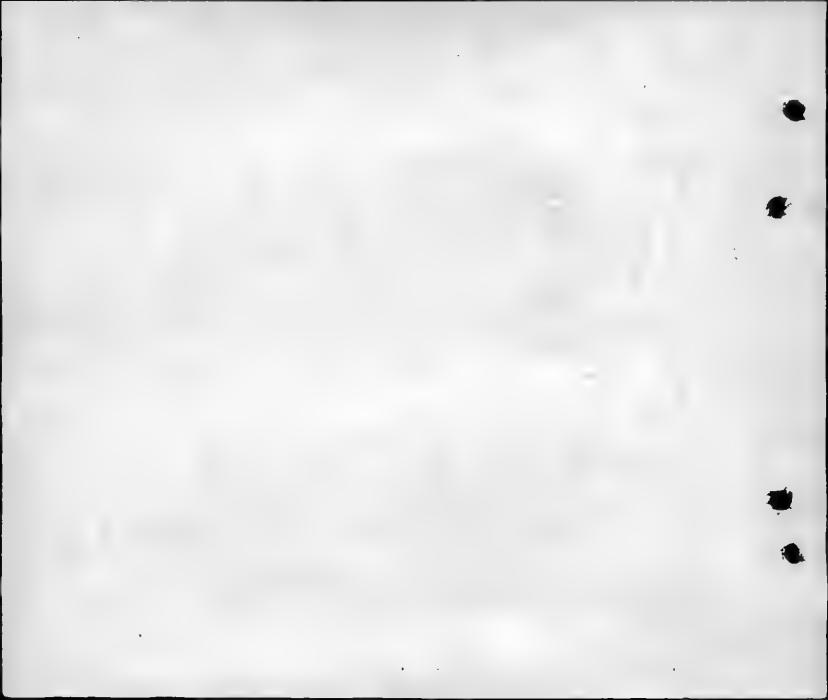
TO FUNERAL DIRECTOR: Page 2 would be used as a burial-transit permit. File pages 1 and 2 of the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event attime? I have start death.

VS A15ME 5M 2,57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 688 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

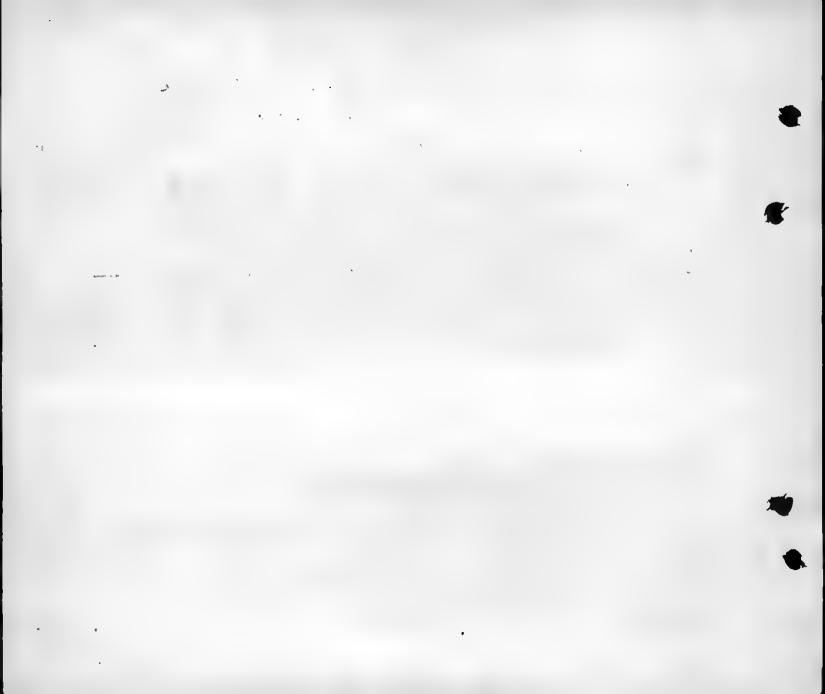
		111	0	$\vartheta$	J	4
Reg.	Dist.	No.				

T.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived if institution regidence before admission)
	6. COUNTY MONTROMENY MARYLAND	O. STATE Mary/and 6 COUNTY rinco Georges.
1	b. CITY OR TOWN In outside organic heats, write RUA c. LENGTH OF STAY IN 16 one give negret lawn)	C. C.T.Y OR TOWN (If outside corporate limits, write RURAL and give nearest toyl)
/ '	Takoma Park DOA	Louisda Co.
. 500	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS
1	Wash. Sanitarium and dospital	6612-244 Place YES NO NO
	3. NAME OF First Middle Middle	4. DATE Month Doy Year
	(Type or print) WOLL IS Day, TO	emington Death June 15 1859
	A0	8 DATE OF BETH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
	VI. WIDOWED DIVORCED	11ay 5 1882 1/1/ yrs
	100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUS during-most of working life, even if retired)	
1	Bartender rekired	Providence Rhode Island 784
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown	Lunknows by informant.
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no. of Unknown) 1 HY yes, give war of dates of service)	INFORMANT (Address Mildred Remingto
	NO H	osp records, and Holz-suth bl. U.
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ]	Lew Education Md
	PART I. DEATH WAS CAUSED BY: Wormany Ot	chision sudde.
	420. 1 DUE TO	
	Conditions, if ony, which (b)	
	gove rise to immediate couse	
	(c), stating the underlying DUE (C)	
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
0	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED? YES NO [7]
		Enter noture of injury in Part I or Port II of item 18.1
	206 EXTERNAL CAUSE WAS PRIMARY OF TO COURTED (	· ·
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA While Not work of work	fory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described about	ove, held on Autopsy , Inspection , Inquiry , ond in my
	opinion death resulted from: Natural causes . Accident	
	ACTUAL ST. 10 Broads &	CHIEF MEDICAL EXAMINER [7]
1	SIGNATURE SECTION 1 / SUBSCINCT	ASSISTANT MEDICAL EXAMINER
A. 3	EXAMINER'S FLANK J. Broschalt	- DEPUTY MEDICAL EXAMINER A 6-15-57
	220. BURIAL, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR	R CREMATORY [22d. LOCATION (City, fown, or county) (Stote)
	Burial 6/18/59 Woodlawn	Cemetery Baltimore, Md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE
	F. Gasch's Sons Hyattsville, Md.	DATE HIN 1 8 '59 Cathur & Kraus



06995 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. COUNTY b. CQUNTY MARYLAND n 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give represt town) c. LENGTH OF STAY IN 16 SINCE 2-3-5 d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? Washingto YES T NO F NAME OF 4. DATE DECEASED (Type or print) TY DEATH JUNG 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF LINDER 24 HES Months Days WIDOWED M DIVORCED [ 10-29 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? COF dod a. H PHYSC 13 FATHER'S NAME carbon | ofter de Mars IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 13 18. CAUSE OF DEATH | Enter only one couse per line to (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ans **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE MONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg , etc.) a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Z.that I last saw the deceased and that death accurred at 425 p.M. from the causes and on the date stated above. alive on ADDRESS [Street, city or town, slifte] **DATE SIGNED** A CTUAL SIGNATURE ď PHYSICIAN'S NAME (Type) 22b DATE THEREOF (Stote) Md. BORDKING REMATION, 22c NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City Jown, or county) Ft. Lincoln Crematory Prince Georges Co. 8 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57 Clothur & tre

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4)

15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7012 CERTIFICATE OF DEATH

06996

Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) o. COUNTY Montgomery o. STATE Maryland b. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporole limits, write RURAL and give negrest town) RURAL and give nearest town)
Kenwood 4 mo. Kenwood d NAME OF HOSPITAL (If not in hospitol, give street oddress) or institution 6223 Kennedy Dr. d STREET ADDRESS . IS RESIDENCE ON A FARM? 6223 Kennedy Dr. YES NO IN NAME OF 4. DATE OF Middle DECEASED Fanny 23 19 59 Leigh Rilev June (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE [In years lost birthday) 92 yrs Months Female WIDOWED X DIVORCED | yrs. 10a. JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during may of working life, even if retired) U.S.A. None Mississippi 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles H. Leigh Emily Adaline Poole 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Add ress (Yes, no or unk Mrs. Frances Unknown Denton 18. CAUSE OF DEATH [Enter only one couse per lipe 70; (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. EAST II OTHER SIGNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 PERFORMED? YES NO I 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 18) MEDICAL 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, | 20f. (City or lawn) 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, affice bldg., etc.) g, m While Not while at wark at work 1957, that I lost sow the deceased 21. I certify that I ottended the deceased from and that death accurred at GAM, from the couses and on the date stated above. **ACTUAL** SIGNATURE 220 BURIAL, CREMAT ON. 22b DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spacify) /25/59 Lexington. 24g. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE 24b REGISTRAR'S SIGNATURE DATEUN 2 9 '59 Circles & Krous Washington 1



## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

•		- {	Į	Ü	9	y	1
Reg.	Dist.	No.					

1. PLACE OF DEATH a. COUNTY Montgomer			м	ARYLAND	2 USUAL RESI	DENCE (Wh	ere deceased	b. COUNTY	n. Residence	before adm	issian)
b CITY OR TOWN (If our RURAL and give neares	side carporate limit town)	ts, write	c LENGTH OF ST	TAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)						
Bethesda					The	Distr	ict of	Columbi	a		
d NAME OF HOSPITAL (I OR INSTITUTION					d. STREET A	ADDRESS					ESIDENCE A FARM?
The Clinica	The Clinical Center, Bethesda 14, Md.				3760	Foot	e Stre	et. N. E	i di		□ NO 🖬
3 NAME OF DECEASED	Fir	r)	Mic	idle	Los	it	4. DATE OF	Mont	h	Day	Year
(Type or print)	Ro	4		arl	Rodn	юу	DEATH	Jun	e 27,		1959
5. SEX 6.	COLOR OR RACE	7. MARR	IED NEVER MA	RRIED 📉	8 DATE OF BIRT	Н	9	AGE (In years last birthday)	IF UNDER 1		
Male	Negro	WIDOWI	- Annual	RCED 🔲		2, 19		12 yrs	Manths D	ays Hour	s Min
10a. USUAL OCCUPATION (Conting most of working)	Sive kind of work	dane 10b.	KIND OF BUSINES	S OR INDU	TRY 11. BIRTHPL	ACE (State of	or fareign cau	ntry)	12. CITIZ	EN OF WHA	AT COUNTRY
Student			None		Was	hingt	on, D.	C.	U	J. S.	A .
13. FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME				
Robert E. I					Eve	lyn S	croggi	ns			
IS WAS DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY	NO 17. II	NFORMANT Th	e Med	ical R	ecord Address	ess		
No			None	T	he Clini	cal C	enter,	Bethesd	a 14.	Md.	
Conditions, if any, gave rise to imme cause (a), stating the slying cause last.	diate DUE TO	2	Inesons	el He	mente.	maghin	ti			ONSET AN	
. CAI			CRIBE HOW INJUR						N IN PART 1	PERF	ORMED?
	ICAL EXAMINER)										
20c. TIME OF INJURY A	19	While	Not while at work	20e. PU	CE OF INJURY ()	Home, farm, bldg., etc.	20f. (Cily o	r lown)	(Cou	unty)	(State)
21. I certify that I alive an June  actual signature PHYSICIAN'S NAME (Type) Eug  220. BURIAL, CREMATION, REMOVAL (Specify) Burial 23 FUNERAL DIRECTOR'S SIG	ene B. Fo	12 Fi	son, M. I	D. EMETERY OF	occurred at w.o. Th Na Be	7:30 P e Clin tiona thesd	M, from ADDRESS (Streenical ( L Institute a 114, 1 22d LOCATIO	et cily or town, of Center Ltutes of Laryland ON (Cily, town, of Lington	nd on the	th	e decease ted abave DATE SIGNE: 8–59
John T. Rhine		301		5t., N	• E•	DATE JU	BY REGISTRA		TRAR'S SIGN		

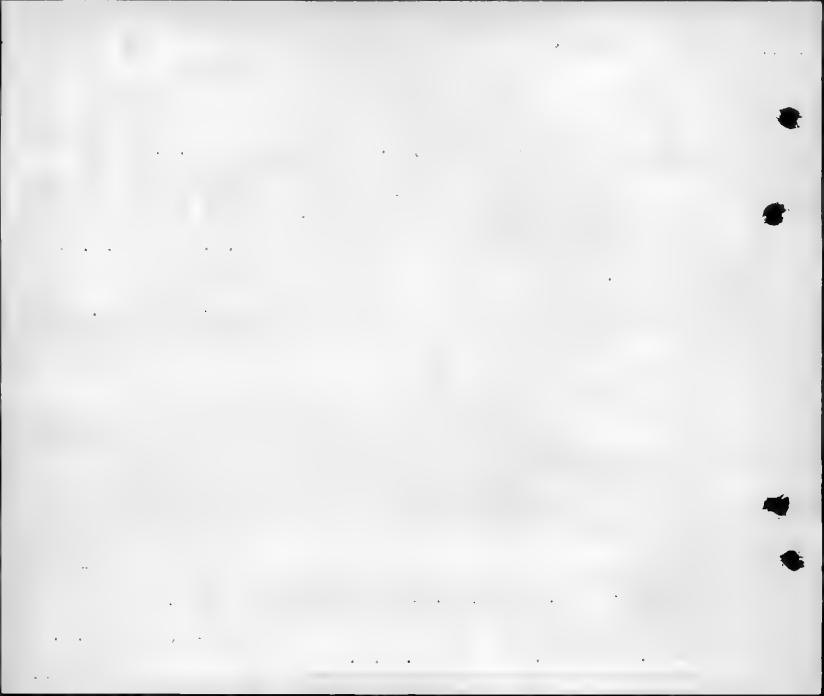
eath. Page 4

ly filled in by the "Theral director," Pages 1 and 2 shauld be filed with

PHYSICIAM: The law requires that the death certificate be executed within 24 haurs aft may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and capage 3 should be detached father as the burial-transit permit. Then please remaye carban paths registrar prior to burial, crematian, ar remayal, and in any event within 72 hours often death.

VS A1S [4] 1SM 10/S7



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ly filled in by the Sherot director Pages 1 and 2 should be filed with ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours afti may be retained the haspitator attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and campage 3 shauld be detached failing the burial-transit permit. Then please remayer carbon papthe registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

TO HOSPITAL OR

VS A15 (4) 15M 10/57

1	127	
1	10	
	C. C. Company	

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 014 CERTIFICATE OF DEATH 7014

							- K	eg. Dist.	No.
PLACE OF DEATH COUNTY Montgome	ry		MARYLA		o. STATE VIRginia	here deceased liv	ed If institution- b. COUNTY		before admission) exandria
Bethesda	,		LENGTH OF STAY IN		Alexandri		limits, write RURA	it and give	nearest town)
OK INSTITUTION	ital (If not in hospitol, gi			d.	d STREET ADDRESS 2348 Nort	h Early	Street		e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	James James		Middle Robert		Rogers	4. DATE OF DEATH	Month June	9	Day Year 10, 1959
5. SEX Male	White	WIDOWED		_   N		1949 '	ast birthday) Mi	UNDER 1 Y	EAR IF UNDER 24 HRS
None	ION (Give kind of work di rking life leven if retired)	one 10b. KI	None	NDUSTRY	11. BIRTHPLACE (Stole Washingt	or foreign count	γ1		N OF WHAT COUNTS
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N	AME			
	rt O. Rogers				Sigrid K				
IS, WAS DECEASED EV [Yes, no. or unknown] NO	ER IN U. S. ARMED FORC (If yes, give war or dates of ser		None		e Clinical			14,	Maryland
	ATH (Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (o), DUE TO		for (o), (b), ond (c).]  Megative	Sep	ticaemia				ONSET AND DEATH
Conditions, if a gove rise to it couse (a), stating	the under-		onchopneumo						2 weeks
PART II. OT	(c).		Ite Lymphat			NAL DISEASE CO	PNDITION GIVEN	IN PART 1	9 months  19. WAS AUTOPS PERFORMED? YES 10 NO 12
PART II. OT	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRI	BE HOW INJURY OCCU	JRRED. (E	nter noture of injury in F	Part I or Port II o	f item 18.)		its gradual
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJU While of work	Not while ot work	PLACE factory	OF INJURY (Home, form, street, office bldg., etc.	20f. (City or t	own)	(Cou	nty) (State
	hat I attended the d June 10,	deceased , 19_55			19 59 to J1 curred at 9:10		/ '(/'	on the	t saw the decea
ACTUAL SIGNATURE	natha	m S	10/Cm	M.D.	T	ADDRESS (Street, he Clini	city or town, store	er	6/10/5
PHYSICIAN'S NAME (Type)	Nathan S	.Taylo	or, M. W.			ational ethesda	Institut 14, Mary		Health
PLICE (Specify	[ 0//-	2/55	CALLERY	Ton	Wat/Cec	22d. LOCATION	(City, town, or co	ounty)	(Stote)
23. FUNERAL DIRECTOR	es signature.	+8	ADDRESS	1399	DATE TO	N 1 2 59	246. REGISTRA	R'S SIGNA	



415 (4) 10/57 H

MARYLAND STATE DEPA	ARTMENT OF HEALTH—BALTIMORE, 18	
6890 CERTI	IFICATE OF DEATH Reg. Dist. No.	999
1. PLACE OF DEATH ?  a. COUNTY Montgomers MARY	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before on a. STATE b. COUNTY	lmission)
b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest lown)  Takoma Park	(IN 1b c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest Washington	tawn)
d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7100 Sycamore Ave. (nursing home)	1 management of the control of the c	RESIDENCE IN A FARM? S NO
3 NAME OF DECEASED (Type or print) Robert Roy	Roman, death June 30,	Yeor 19 59
5 SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCEI	ED Jan 17, 1887   Iast birthday) Months Days Ho	INDER 24 HRS
10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired)  Retired-Accountant  U. S. Gov!t.		HAT COUNTRY
33. FATHER'S NAME John A. Roman	14. MOTHER'S MAIDEN NAME Emma Gregory	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (191. no or unknown) (19 yes, give wor or date of service)  Ves World War I no	Mrs. Rena R. Wailes - 110 St. Albans W.	av
PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)	.]	L BETWEEN
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b) Churchelic  (c)	à & Crebrose Orterion Cerosin 10	Jan.
		AS ALTOPSY
	OCCURRED (Enter nature of injury in Part I ar Part II of item 18 )	
20c. TIME OF INJURY Month, Doy. Year   20d. INJURY OCCURRED   While   Not while   at work   at work	20e PLACE OF INJURY (Home, form, 20f (City or town) (County) factory, street, office bldg., etc.)	(State)
	death accurred at 2.05 A.M. from the causes and an the date s	
ACTUAL SIGNATURE Xu ell B. Curald	ADDRESS (Street, city or town, store)  M.D & EOI CERSVILLE, ROAK, 61	BATE SIGNED
PHYSICIAN'S RUSSEIL B. Arnold	M.P. Silver Spring, Maryland.	and the state days that the first war stee are
REMOVAL (Specify) Burial 7/2/59 (Loudon		(State)
23 FUNERAL DIRECTOR'S MICHAELER & HOLLS - (	DATELL 1 159 Cuthun S. Known	
V	uld	



VS A15 (4) 15M 9/5B

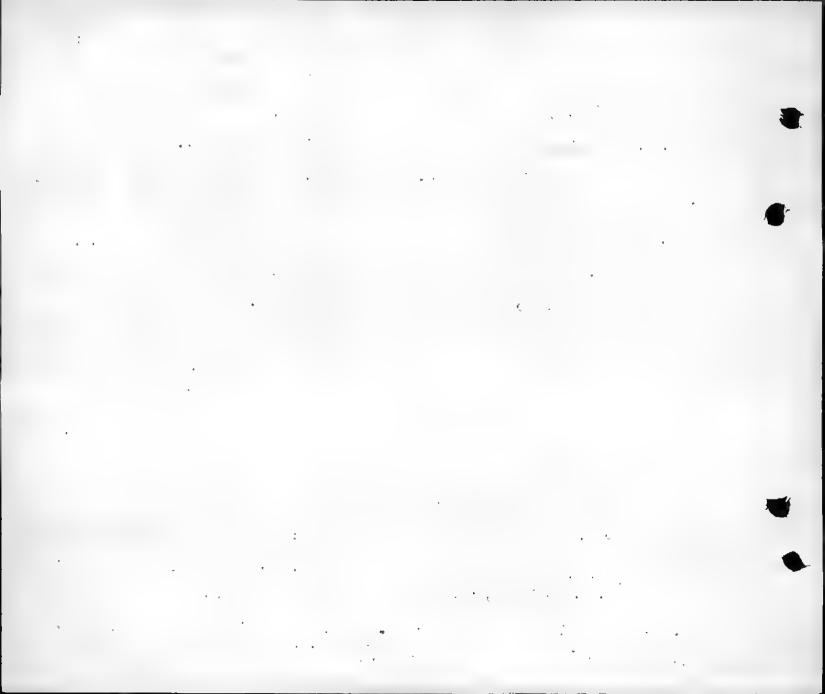
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lled in by the funeral director,	and 2 should be filed with	yes.	~/
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7015

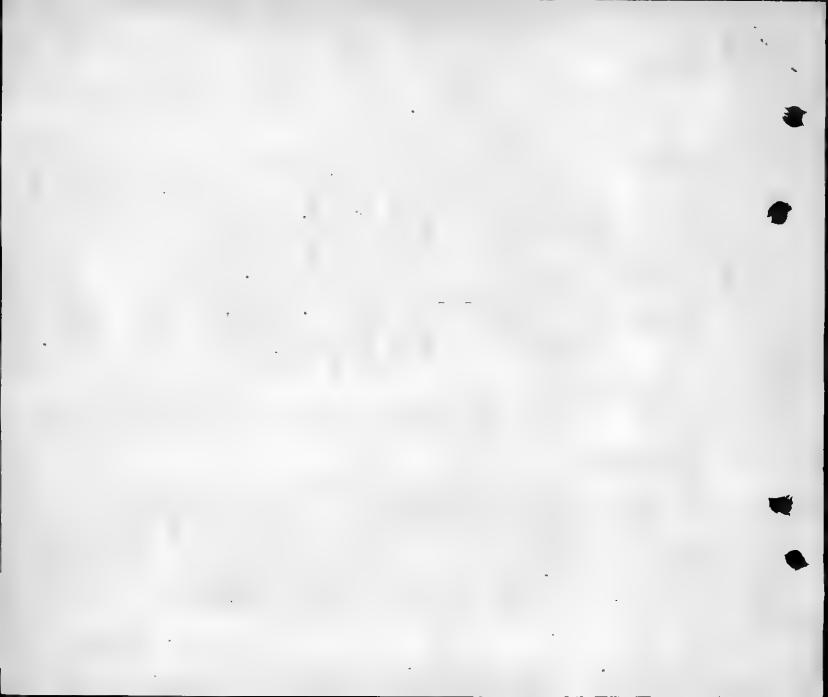
**CERTIFICATE OF DEATH** 

()7()() Reg. Dist. No. 215

-													
1.	place of DEATH o. COUNTY Montgome:	ry		MARYL	AND	2. USUAL RESID o. STATE Distri			l lived. If instituti b. COUNTY moia		idence befo	re odmiss	ion}
b C. TY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Bethesda (Rural) 71 days					Washington 47x								
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION						d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
L	U. S. Na	val Hospita	1			3701 C	onnec	ticut	Ave., N	W			NO X
3. NAME OF DECEASED		First		Middle		Last		4. DATE OF	Mor	onth		у	Yeor
(Type or print)		Mary		Ellis		SAFFORD	1	DEATH	Ju	ne	1	.7	19 59
5. SEX		6. COLOR OR RACE	7 MARR	RIED NEVER MARRIED		B. DATE OF BIRTH			9 AGE (In years lost birthdoy)	IF UN	DER 1 YEAR	IF UNDE	ER 24 HRS
	emale	Caucasian	WIDOWI			7-1-08			50 yrs.	MONI	ns Doys	riours	PAIRI.
10	during most of wo	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPL	CE (State o	or foreign o	ountry)	12.	CITIZENO	F WHAT C	OUNTRY?
	Housewi					New Jersey U.S.A.							
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
L	William	F. ELLIS				Katherine HAND							
15.	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	10	NFORMANT			Add	ress			
	Yes 4	244 to 10/4	5		H	ospital	Recor	ds					
	18 CAUSE OF DE	ATH [Enter only one co	use per lii	ne for (a), (b), and (c) ]		P.		,		INTERVAL BETWEEN			TWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0). Covelege Quest												
	Conditions, if any, which ) (b) mysearchal Stellence 50							seco	ondo				
	gove rise to immediate couse (a), stating the under DUE TO								4.0				
	Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  Covonavy artery obstance of												
Z O													
3													№ 🗆
CERTIFICATION	OR CONTRIBUTING	'AS UNDERLYING  G  CAUSE OF DEATH Y MEDICAL EXAMINER)	206 DES	CRIBE HOW INJURY OCC	CURREC	). (Enter noture of	injury in P	art I or Por	t II of item 18.)				
MEDIC AL		RY Month, Doy, Ye				ACE OF INJURY (F			or town)		(County)		(Stote)
MED	Hour o.m.	10	While at wor	Not while	TDE	tory, street, office	biag., etc.						
	21. I certify that I attended the deceased fram. April 7 1959 , to June 17 1959 , that I last saw the deceased												
		alive an June 17											
	ADDRESS (Street, city or town, stote)  DATE SIGNED												
	ACTUAL SIGNATURE 3 M.D. U. S. Naval Hospital 6-18-59												
	7. H.O. Connell												
	PHYSICIAN'S NAME (Type)	F. H. O'CON	NELL,	LT, MC, US	N	Bet	hesda	14, 1	Md.				
220	BURIAL, CREMATH		)F	22c. NAME OF CEMET					MON (City, town,	or coun	ıly}	(Stat	e)
Burial 6-22-59 Arlington Na				tional		Arlin				gini	a		
23.	FLORE INL DIRECTO	R'S SIGNATURE	Sea	ADDRESS Was			34a. REC'D			STRAR'S	SIGNATU	RE	
W	W. Chamber	s Funeral ]	lome,	1400 Chap1				N 2 2 %			S. Kra		



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) C. COUNTY C. STATE b. COUNTY Health. MARYLAND Montgomery Maryland Montgomery b. CITY OR TOWN In ourside corporate limits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) and give nearest fown? 14 Yrs. Bethesda Bethesda d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) S RESIDENCE d STREET ADDRESS dir for ON A FARM? 7901 Chelton Road 7901 Chelton Road YES NO TO 0,5 NAME OF 4. DATE First Middle Year DECEASED (Type or print) DEATH 23 WESLEY TRVING SAUTER 19 59 June 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED [ ] 8. DATE OF BIRTH 9 AGE |In years IFUNDER TYEAR IF UNDER 24 HRS hart birthday) Months WIDOWED [7] DIVORCED T Male White 56 100. USUAL OCCUPATION (Give kind of work done during most of working file, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Poge 12 CITIZEN OF WHAT COUNTRY? Real Estate business Connecticut US xacuted within 24 hours after 1 in Item 18. Give Pages 1, ice along with form PM3. I rousit permit. File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W. Lake Irving Sauter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address III yes, give way or dates of service) 214-30-0941 No Wesley S. Sauter, Jr INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: 15 min. sminer's Ornersity Coronary occlusion IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (o), stoting the underlying couse lost. cal Exam PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? dical NO 5 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | 0 or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY 20d INJURY OCCURRED Month, Dov. Year 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (Stote) factory, street, office bldg, etc.) While Not while 45 85 of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X. Inquiry (X) and in my forworded DIRECTOR: apinion death resulted fram: Natural causes KI, Accident II, Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER Frank J. Broschart SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER PR NAME (Type) should FUNE 220. BURIAL CREMATION, 22b. DAW THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) 10 Cremation Cedar Hill Grematory Suitl and Maryland ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. A15ME Robert A. Pumphrev Bethesda, Maryland DATE JUN 5M 2757



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)

essory, please exerge 4 should be

registror prior to burial,

File poges

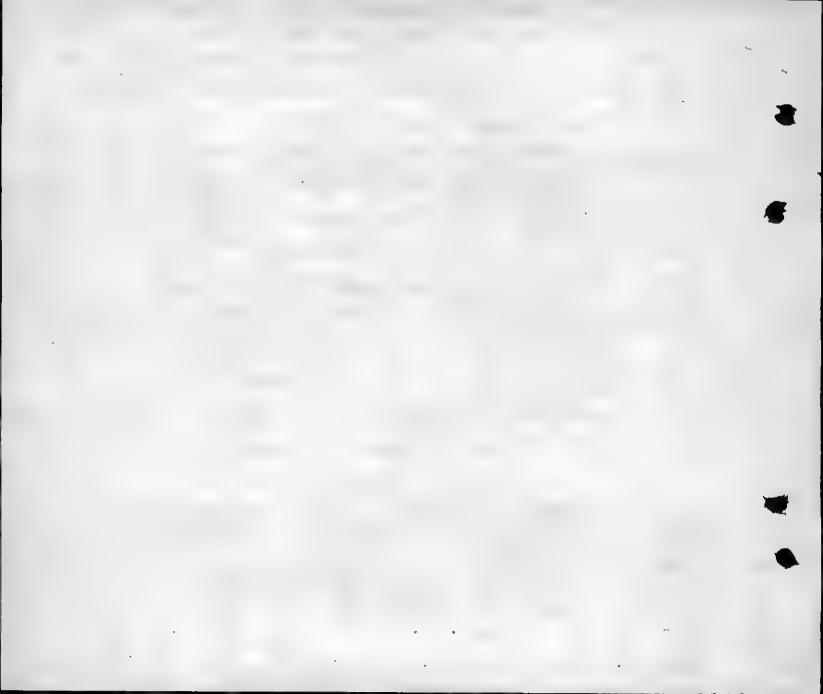
CAL EXAMINER: This certificate should be executed within 24 hours ofter death, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to Chief M. Al Examiner's Office along with form PM3. Page 5 may be ret

cute the certif, writ forworded to t Chief TO FUNERAL DIRECTOR:

VS. A15ME(5) 5M 9/55

or removol.

floort gomera	MARYLAND	o. STATE Haraland	b. COUNTY Non	taomera				
b. CITY OR TOWN (If outside corporate limits, w	ine RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF outside corpo						
Bethesda	58	Silver Sprin	9					
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street address)	d. STREET ADDRESS	0	e. IS RESIDENCE ON A FARM?				
Kesmor Danita	rium 5721 Grosvenor	12016 Center	hill Street	YES 🔲 NO 📴				
777777777	in Welsh Middle Sce	CYY Lost 4. DATE OF DEATH	June	Doy Year 23 1959				
SEX 6. COLOR OR RAC	AARTIED NEVER MARRIED . B.	DATE OF BIRTH	And South South	TYEAR IF UNDER 24 HRS.				
Female White	WHOOWED DIVORCED	Harch 12, 1885	74 yrs. Manths	Days Hours Min.				
Oo. USUAL OCCUPATION (Give kind of wor during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote or foreign co	untry) 12. CIT!	ZEN OF WHAT COUNTRYS				
Teacher	Netired	Warren 4/100	le Island Z	4.5.				
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
James Welsh		Unknown						
5. WAS DECEASED EVER IN U. S. ARMED F (es. no. or unknown)   (If yes, give wer or dates	of service)	IFORMANT .	Address	/				
No		n-Walter K. J	reery -	above				
18. CAUSE OF DEATH Enter only one of		INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY	7	5 days						
Due 1								
Conditions, if ony, which gove rise to immediate couse	b}							
(o), stating the underlying DUE To								
couse lost. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?								
PART II. OTHER SIGNIFICANT CO	all have the	)	f 1. 38.5	YES NO				
	ROD. DESCRIBE HOW INJURY OF CURRED. (M	nier noture of injury in Part I or Port II o	r Hem Ep.)					
20c. TIME OF INJURY Month, Day, Y Hour a. m. p. m.	While Not while facto	CE OF INJURY (Home, form, 20f. (City ory, street, affice bldg , etc.)	or town) (Cou	unty) (State)				
21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . and find that								
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined cause .								
SIGNATURE TALLED BASE ROLL M.D. CHIEF MEDICAL EXAMINER []								
EXAMINER'S FLANK	J. Broschart	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	( 2 2 2	1-59				
220. BURIAL, CREMATION, 226. DATE THER	OF 22c. NAME OF CEMETERY OR		ON (City, town, or county)	(State)				
Bur-Trans 6-23-5	9 Mt. St. Ben	edict Har	tford, Conn	ecticut				
. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTR JUN 2 4 59	AR 246. REGISTRAR'S SIC					
Robert A. Pumphre	v Bethesda, Mary	land pare	Chilling 2. 7	VALUE.				



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7018

### **CERTIFICATE OF DEATH**

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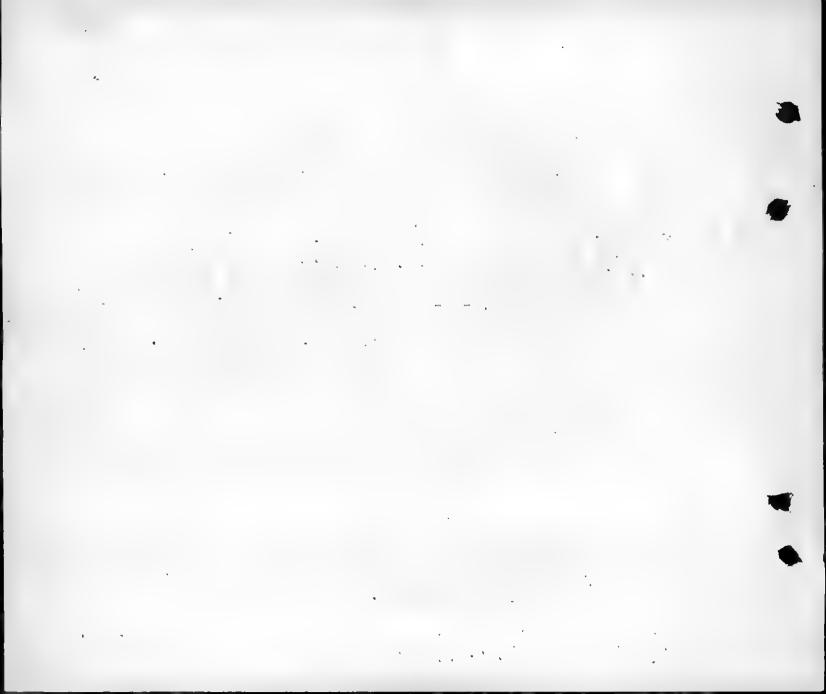
					K.	g. Dist. 140.			
). PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2 USUAL RESIDENCE (Who, STATE		b COHNTY	lesidence befor			
b CITY OR TOWN RURAL and give i	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
_	thesda	29 hours	Bethesda )	X					
d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, give street	address)	d. STREET ADDRESS			1	e. IS RESIDENCE		
OK 1143111011014	Suburban Hosp.	ital.	5506 Sonoma	doad			ON A FARM?		
3. NAME OF DECEASED (Type or print)	George	A lbert	Scheirer	4. DATE OF DEATH	Month	30	Year 5		
S. SEX	6 COLOR OR RACE 7- MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9			IF UNDER 24 HR		
Male	White woow	ED DIVORCED	Juna 7/ 300	5	lost birthdoy) Mo	nths Doys	Hours Min.		
doring most of wo	ON (Give kind of work done 10b rking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	2, 7,	7. Z/	2. CITIZEN OF	WHAT COUNTRY		
-/-	ames W.	J'cheirer	- Clara	175	lenton				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U S ARMED FORCES? 16	-0 -0 / / 7	NISS Melliz	n IC	Heire	554	theod.		
Conditions, if a gove rise to cause (a), storing lying cause lost.	immediate DUE TO	ute Pars	. myoca	adial.	before	ton	yoh		
PART II OT	HER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL D SEASE C	CONDITION GIVEN I	V PART 1(0) 19	PERFORMED?		
OR CONTRIBUTING	AS UNDERLYING   206 DES G   CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in P	ort I or Part II	of item 18 )				
ZOc. TIME OF INJU Hour o. m, p, m.	While		ACE OF INJURY (Home form, clary, street, office bldg., etc	, 20f. (City or	r town)	(County)	(State		
21. I certify that I attended the deceased fram 6/2-9 / , 190 9, ta 6 3 - , 190 1, that I last saw the decease									
alive an	130 . 193		accurred at 10 2	M, fram th	e causes and a	n the date			
ACTUAL SIGNATURE	. 9. Bre	nnen	MD. Bethe	aboress (Street	et, city or town, stote	41.	3-159		
PHYSICIAN'S NAME (Type)	A.J. B)	PENNA	N						
220. BUR.AL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATIO	N (City, town or con	unity)	(State)		
cremati	oh 7/3/59	Ft. Linco	In Cremator	y Prir	ce Georg	re. Md			
23. PUNERAL DIRECTOR	'S SIGNATURE			OV BECKETOA			e		

DATEJUL

funeral director, uld be filed with filled in by the funeral ges 1 and 2 should be requires that the death certificate be execute or attending physician certificate has been signed by the attending physician and call Then please

moy be retained. The hasp, for all to FUNERAL DIRECTOR: After the cert page 3 should be detached for use as the registrar prior to have a

VS A1S (4) 15M 9/58



VS A1S (4) 1SM 9/SB

## 7019

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

		CERTIFIC	AIL OI DEAII	•	Reg. Dist. No.
1. PLACE OF DEATH g, COUNTY			2. USUAL RESIDENCE (WH	nere deceased fived. If institution b. COUNTY	n: Residence before admission)
Montgomer	У	MARYLAND		land-	Montgomery
<ul> <li>CITY OR TOWN (If autside carporate limits, v RURAL and give nearest tawn)</li> </ul>		GTH OF STAY IN 16	c. CITY OR TOWN (If o	outside carparate limits, write RU	RAL and give nearest town)
Bethesda		l hour	X Cabi	n John	
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Suburban Hospital			6417-83	rd Place	YES 🗍 NO 😿
3. NAME OF First DECEASED		Middle	Co Lasi	4. DATE Mont	h Day Year
(Type or print) CHARLE	S V	<i>Ā</i>	Schley	DEATH June	
S SEX 6 COLOR OR RACE 7	MARRIED 🔀	NEVER MARRIED	B DATE OF BIRTY	i jost birthdov)	1F UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
TIGUE WILLE	DOWED 🗍	DIVORCED 🗌	January 20,	190158 yrs	
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	_			_	12. CITIZEN OF WHAT COUNTRY
Pump operator	U.S.	. Engine			U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	·	
Unknown				e Roberts	
1S WAS DECEASEDEVER IN U. 5 ARMED FORCES (Yes, no, or unknown) [If yes, give wer or dates of service]		SECURITY NO.	INFORMANT	Addre	955
18. CAUSE OF DEATH [Enter only one cause	per line for (a	), (b), and (c).]	~	7 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		K.	carentin	Jarleys	ONSET AND DEATH
DUE TO		10		1-	
Candilians, if any, which ) (b)		( )	ereline!	Cerrost	12 len
gave rise to immediate DUETO		13	//	7	DE L.
lying cause last.		Cor	onary ()	colusion	70 serce
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BU	T NOT RELATED TO THE TERM	INALD SEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HO	OW INJURY OCCURR	ED (Enter nature of injury in	Part I ar Part II af item 18.)	
3 20c. TIME OF INJURY Manth, Day, Year	20d. INJURY C	CCURRED 20e.	LACE OF INJURY (Hame, farm	, 20f. (City or town)	(Caunty) (State
		at while your	actary, street, affice bldg., etc		
21. I certify that Lattended the de	coated fra	- Que	12 A 42 105 W to	5/22 159	hat I last saw the deceased
alive an 6/23	10.59	, and that deat	h occurred at	1/	
Unive direction of the control of th	1	., allerinai dedi		ADDRESS (Street, city ar tawn, s	d an the date stated above tate)
ACTUAL SIGNATURE TARRE 4	Jagg	en Ja	м.в. 576	Wisconsi	Leve 6/23/5
PHYSICIAN'S Frank Y.	Jagger	s, Jr.	C	levy Chase	15, med.
22a. BURIAL, CREMAT.ON, 22b DATE THEREOF REMOVAL (Specify)	72c. N	IAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, a	r county) (State)
Burial 6/25/59	Po	tomac Ch	urch Cem.	Potomac. Ma	ryland
23. FUNERAL DIRECTOR'S SIGNATURE		DDRESS	24a. REC'	D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
Robert A. Pumphrey,	Bethe	esda, Mar	yland DATE	JUN 25'59 a	Mus S. Kraya



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 070057020 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNTY Lontro terv O. STATE Larthand ontz. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest town) การโดยกัล di ver derind. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1301 Hewilt Ave. Johnsten Hose. YES TO NO M 3. NAME OF Middle 4. DATE Year DECEASED John senjamin Schriller 59 June (Type or print) DEATH 19 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IFUNDER LYEAR IF UNDER 24 HRS. inst britiday) Months white WIDOWED [7] DIVORCED | 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slale or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) retired _Asst_ Sec. USA U.S. Gov't. D.C. Chief. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME eniamin f. Schrider 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Jerone P. Schrider ,376 5 alph d. Silver no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Occlusion sudden IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which ] gove rise to immediate couse DUE TO (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPS ö PERFORMED? NO F 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of item 18.1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Not while at work at work 21. I certify that I taak charge of the remains described above, held an Autapsy 🗍 , Inspection 🕝 Inquiry . and find that to the chief. death resulted fram: Natural causes [7], Accident [7], Suicide [7], Hamicide [7], Undetermined cause [7] BAYY ASSAULT CHIEF MEDICAL EXAMINER forwarded to 5 FUNERAL ASSISTANT MEDICAL EXAMINER 6/23/59 **EXAMINER'S** Frank 4 . Broschart DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 burial 6/26/59 Gate of Heaven Cemetery Montgomery County, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Warner E. Pumphrey. Silver Spring. Md. Inc. VS. A15ME(5) DATEJUN 2 5 '59 raymond a 5M 9/55



may be retained by FUNERAL DIRECTOR: A page 3 shauld be detach page 0 VS A1S (4) 15M 9/SB

(County) (Stote) (c., 1952 That I last saw the deceased and that death accurred at M, fram the causes and an the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type 220. BURIAL, CREMATION 226 DATE THEREOL 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) Prospect Hill Cemetery Washington. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR The S, H. Hines Co., 2901 14th St. arthur & Kinya

07nn6

ON A FARM?

YES NO

19

Dovs

U.S.A.

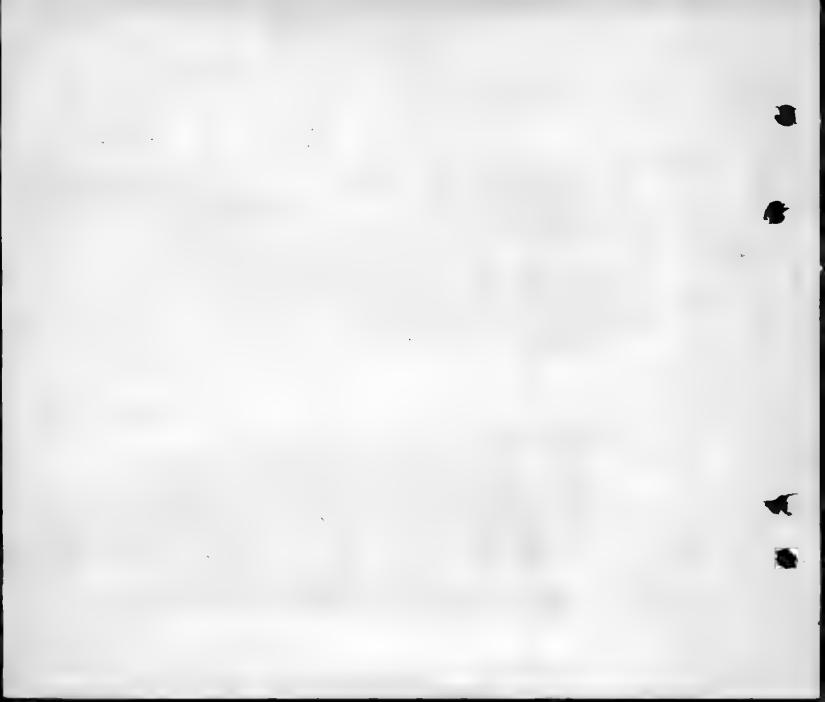
Wash. D.C.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?



executed 9 8 pup physician ۵ 6 DIRE should o FUNERAL C 9 VS A15 (4) 15M 9/55



05

# 7022 CERTIFICATION OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

07008

							Keg. DIST.	MO, W	. /
1. PLACE OF DEATH 0. COUNTY Montgomery		MARTLES	- 11	usual residence (Who state District of	ere deceased fi	ved. If institution b. COUNTY	n: Residence b	efore ad	mission)
b CITY OR TOWN (If outside corporate I RURAL and give negrest town)	imils, write	c. LENGTH OF STAY IN	1Ь	e. CITY OR TOWN (If or	utside corporal	e limits, write RU	RAL ond give	nearest	lown) (
d. NAME OF HOSPITAL (If not in hospito OR INSTITUTION		oddress}	-	d. STREET ADDRESS		<u> </u>	7-1	e. is	RESIDENCE N A FARM?
U.S. Naval Hospita	L, Bet	nesda, Md.		1609 30th 8	st. S.E	•			NO TX
3, NAME OF	First	Middle		Last	4. DATE OF	Month	1	Day	Year
	olph_	(n)		SETTILER	DEATH	June		5	19 59
5. SEX 6. COLOR OR RAC	E 7. MARR	IED NEVER MARRIED	_	ATE OF BIRTH	_	1100	Months Do		
Male White	WIDOWI			November 18		77 yrs.			
Oa. USUAL OCCUPATION (Give kind of wo during most of working life, even if reti	rk done 10b. red)	KIND OF BUSINESS OR IN	NDUSTRY	11, BIRTHPLACE (State I	or fareign cour	ntry)	12 CITIZEN	1 OF WH	AT COUNTR'
U.S. Marine Corps		Government	,	Ohio			U.8	5.	
3 FATHER'S NAME			14	I. MOTHER'S MAIDEN N	AME				
William SEIDLER				Wilhelm	ina KOF	LIN			
5. WAS DECEASED EVER IN U. S. ARMED F (Yes, no, or unknown)  [18] [19] [19] [19] [19] [19] [19] [19] [19	of service)	SOCIAL SECURITY NO.	(Wife	MANT  Nora P.	SETDLE	Addre R Same	as #2		
1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUSE	6 112	ne for (a), (b), and (c).]	, fi	brillatio	V			INTERVA ONSET A	L BETWEEN
Conditions, if ony, which gove rise to immediate DUE	(b) (c)	sonary i	. ()	ufficier	ey			N	201
tying couse last.	(c) X	2 Erroso	مرق	tic heart	dise	ase			NO
PART II. OTHER SIGNIFICANT CO	ONDITIONS C	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMIN	NALD SEASE (	CONDITION GIVE	N IN PART 1	P€	REORMED?
OR CONTRIBUTING CAUSE OF DEA'	20b. DES(	CRIBE HOW INJURY OCCL	JRRED. (E	nter noture of injury in P	art I or Port II	of item (B.)			
20c. TIME OF INJURY Month, Doy, Hour o.m p. m	While	NJURY OCCURRED 20e		OF INJURY (Home, form, street, office bldg., etc.		fown)	(Cour	ıly)	(State
21. I certify that I attended to alive an 5 June		ed fram <b>5 June</b> 59 , and that de		, 19.59, to 5 curred at 10:30					
ACTUAL R.G. Galw	Jun				ADDRESS (Street	et, city or town, sl	tote)		6-559
PHYSICIAN'S R.G. GALBR	AITH L	T MC USN		U.S. Naval				sda	, Md.
Burial (Specify)	9/5-9	22c. NAME OF CEMETER Arlington			Arling	City, town, or		( ginie	(State)
Lee's 4th and Massa	Mer./	ts Ave N.W.	Wash	240. REC'E	BY REGISTRA	R 24b. REGIST	RAR'S SIGN		
		AT TIL	THE RESERVE	C3   ME Pr W		1			

ly filled in by the funeral director, Pages 1 and 2 shauld be filed with

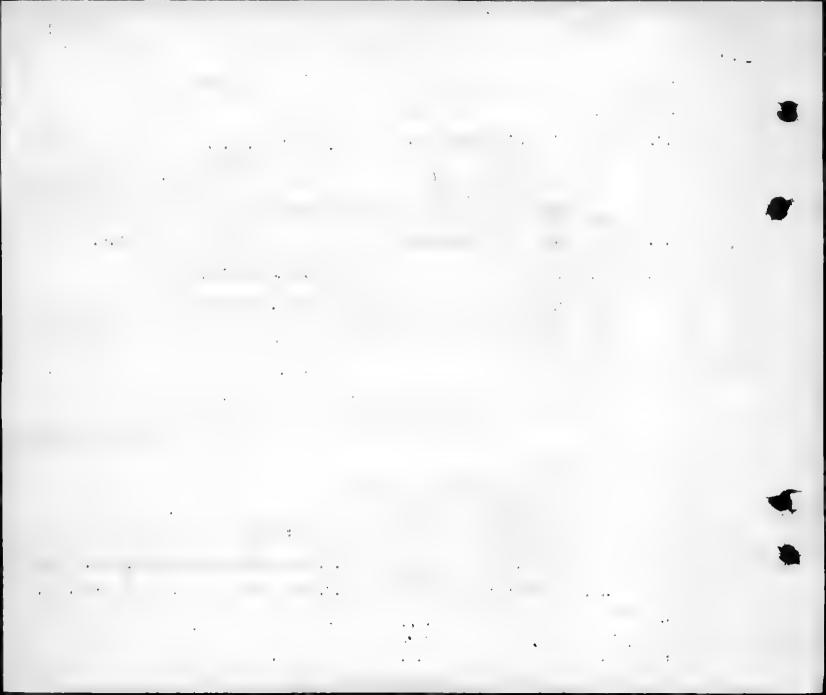
thin 24 hours after

SICIAN: The law requires that the death certificate bill execut

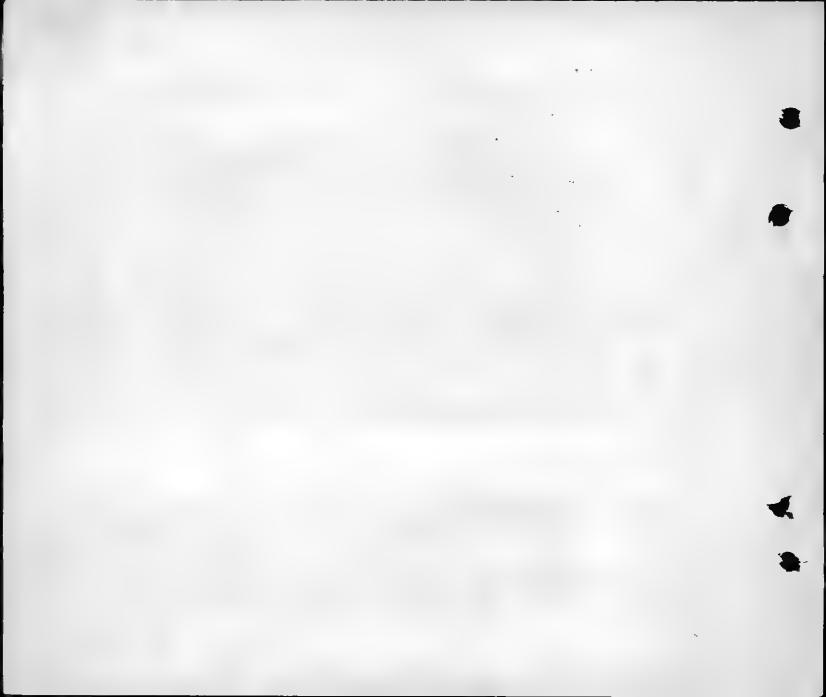
r attending physician.

may be retained The haspings of attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers, the registrar priar to burial, crematian, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07009 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution; Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? airlano YES NO T 3. NAME OF Middle 4. DATE Yeor DECEASED Seligson 30 DEATH (Type or print) 195 OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Male WIDOWED F DIVORCED [7] yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) a 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 117. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO R 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY IHome, form, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. Not while of work ot work p. m. sine 2919 59 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 2 45AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) SIGNATURE DiR ď 70 HULMAN NAME (Type) 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY. 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) BUTIB uid Men. Garde 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE 15M 9/55



FOR STATE HEALTH DEPT. Poge

please. files. Health,

oges 1, 2, or 1a the funeral distance.

MA. Page y be retained for younges I and with the State Board of your thin 72 hours after death.

MINER: This certificate should be executed within 24 hours after death.

THE THE WE WOOD "pending" in pencil in Item, 18. Give Inges 1, 2, or or Chief Medical Examiner's Office along with form PM3. Page age 3 should be used as a burial-transit permit. File pages 1 and 2 prior to burial, crematian, or removal, and is any event within 72 ha

## 7024

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07010

Rea. Dist. No.

). PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admiss on)
o. COUNTY MONTE, OTHER MARYLAND	o STATE TRANSIC 6 COUNTY DET
b. CITY OR TOWN (If auts do poporote limits, write BUIAL C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
dilete Dkan 3 1	Canal Co to
d, NAME OF HOSPITAL OR INSTITUTION (If, for in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
228 Showy Rd in private hom	
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Welliam Swit ST	herrill DEATH June 2 1959
5. SEX 6 COLOR OF RACE 7. MARRIED S NEVE MARRIED 3. B.	DATE OF BIRTH 9 AGE in your IFUNDER TYEAR IF UNDER 24 HIFS
has do I to WIDOWED DIVORCED I	12-29-1883 75 VIS Months Days Hours Min
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
,	. /
melenous	XXXXXXXXXXXXX Ida Legg
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 IN 17th, no. or enhancen)	FORMANT Address
yes   WW # 1&2   218-24-0896   M	able Skerrill (wife) Item 2
TB CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Coronary	acclusion and all
4 · · · / DUE TO	
Cardition it was which	
gove rise to immediate couse	
(o), stating the underlying DUE TO	
couse lost, (c)	TREATMENT TO THE TREATM
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) TO, WAS AUTOPSY PERFORMED?
[5]	YES NO 🔀
206 DESCRIBE HOW INJURY OCCURRED (En 1206 DESCRIBE HOW INJURY OCCURRED	iter nature of injury in Port 1 or Port 11 of Item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLAC	E OF INJURY (Home, form, 120f. (City or town) (County) (State)
Hour o.m. White Not while factor	ry, street, office bldg., etc.)
21. I certify that I took charge of the remains described above	re, held on Autopsy 🔲, Inspection 🔀, Inquiry 📆, ond in my
opinion death resulted from: Notural couses 🔣, Accident 🖺	, Suicide , Homicide . Undetermined manner
SIGNATURE - trand & Broschart	M.D. CHIEF MEDICAL EXAMINER []
STORATOR ENDOGE	ACCICYANT MEDICAL EVALUACE FO
EXAMINER'S ELAIN T Phocos	DEPUTY MEDICAL EXAMINER A
NAME (Type) / ANK J. Brosch 2 14	And the second of the second o
220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR (	CREMATORY 22d LOCATION (City, town, or county) (Stote)
Burial 6/5/59 Arlington Nat	المتناز والمناز والمتناز والمناز والمن
23 FUNERAL DIRECTOR'S SIGNATURE WARNER E. PUMPHREY, INC. SILVER SPRING	MRRY 240. REC'D BY REGISTRAR 246. REGISTRAR S SIGNATURE
Ramond a Beoka	LAND DATE SUN 5 '59 Outlan & Haus

4 shauld be forwarded TO FUNERAL DIRECTOR: TO DEPUTY MED WS A15MI 5M 2/57

or its designated agent,



requires that the

Rodeine hd 61.

78 pbn.

Reg. Dist. No.

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S TO HOSPITAL OF TENEIN, SOYSICIAM: The low requires that the Jean certifical be execut. Tentin 24 haurs of the leath.	may be retain the hast for attending physician.	TO FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and care 1/2 filled in by the funeral A	4}	
15/	VI S	1/5	В	

	171 motasing 1-11	MARYLAND	Maryla	indcom	. wourse	mery
	C TY OR TOWN If outside corporate junits, write RURAL and give nearest town	c. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF a	outside corporate limits, write	RURAL and give n	earest town)
	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	d. STREET ADDRESS	g. Ave.		e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF First	Middle	1	4. DATE M	al I	V
	DECEASED (Type or print)  Fthe	White	5 mith	Ar.	June 6	5 19 59
5.	SEX 6. COLOR OR RACE 7. MARK	RIED   NEVER MARRIED	8 DATE OF BIRTH	9. AGE (in yea last birthday	A Total Control	AR IF UNDER 24 HRS
	F WIDOW	ED DIVORCED [	4-8-80	191	7 Months Doys	Hours Min.
100	. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	during most of working life, even if retired)	***************************************	6corq1	a	le	1.5.
13.	FATHER'S NAME	/ ,	14. MOTHER'S MAIDEN I	NAME		
	makatale W	hite	wille	i Deu	-0-11	
15		SOCIAL SECURITY NO H	NFORMANT	, , A	ddress 11 4 4	12 Bethe
į¥.	i, no, or unliffown) fiff yes, give war or dates of service)	Na 1	1/1/1/1/11/11	hite Smit	4 mostre	mad in the state
H	18. CAUSE OF DEATH [Enter only one cause per li	(n) (n) (n) (n) (n) (n)	exerce our	16 64 69 111114	· minge	ITERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	10 (0), (d) dha (c).	I am ana la			NSET AND DEATH
	IMMEDIATE CAUSE (o)	HELWAYOK IN	tempor v	7		11 hours
	443X DUE TO			9		
	Conditions, if any, which (b)					
	gove rise to immediate DUE TO	10 20 11 1	land town	a. 1	1 .1.	
	lying cause lost. (c)	revoscuraci	ruphensine	Carliovascu	an Cluscan	للم
o N	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION (	SIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
CAT						YES NO
CERT FI	200. ACCIDENT WAS UNDERLYING [ 20b. DESI OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port I or Port II of item 1B )		
4	20c. TIME OF INJURY Month, Doy, Year 20d. II	NJURY OCCURRED 20e PL	ACE OF INJURY (Hame, form	n, 20f, (City or town)	(Caunty	y) (Stote)
MEDIC	Hour a, m, While		ctory, street, office bldg., etc	-)	10000	(510.0)
_		-1. 50	. 19 <b>59</b> . ta J	la a la 305	74	4 1 1
	21. I certify that I attended the deceas	Co	70 7 3c 4		•	aw the deceased
	alive an June 9, 193	a, and that death		M, fram the causes		te stated above.  DATE SIGNED
	ACTUAL PORS	.4		ADDRESS (Street, city or tow	10	/
	SIGNATURE GALLOW	41~	M.D. Note: Ihin	magicina has k	neen km	WA TO OUL
	PHYSICIAN'S		Ostice and un	who the case of It	ny apposi	t D.T.
	NAME (Type)		( 7 4)	evette in a	merchen	4 eleans
4	THENDAS AREMATION, 226 DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town	n, or county)	(State)
	Burial 6/10/59	Thomson, G	a.Cem.	Thomson,	Georgia	
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR 24b, RE	GISTRAR'S SIGNAT	URE
	Robert A. Pumphrey	Bethesda,	Maryland	IN 1 1 '59	Intlus & Ha	nis4



x	7027 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH  Reg. Dist. No.
1	PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY  MARYLAND  D. COUNTY  MONT GOMERY.
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  9 4 EARS.  9 1 LVER SPRING
<	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1908 GLEN ROSS ROAD.  1908 GLEN ROSS ROAD.  1908 GLEN ROSS ROAD
3	NAME OF DECEASED First Middle Lost 4. DATE Month Doy Year OF DECEASED (Type or print) HARRY ELBERT. SMITH DEATH JUICE 3 1957
45	SEX  6. COLOR OR RACE  MARRIED NEVER MARRIED  B. DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H  Months Doys Hours Min  72 XXXYIS.
1	On. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country)  LICTRICIAN  Naval-Gun Factory
1	SAMUEL SMITH. 14. MOTHER'S MAIDEN NAME LOTTIE CLIFT
	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address SILVITE YES, no. or unknown] [If yes, give wor or dates of service] NONE. MRS. EVA SMITH 1908 GLOWEST RD SPRING,
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE  2 4 EATIS
	420.1 DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under: tying cause last.  DUE TO  CORRADARY ATTHEROSCLERUSIS  AND ESCHOUIS 2 YEARS.
)	YES NO
	20a ACCIDENT WAS UNDERLYING  20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.)
	21. I certify that I attended the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased alive on JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 to JUNE 5 , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SEPTC , 1954 that I last saw the deceased from SE
1	PHYSICIAN'S TAMES A. ROBERTS SILVER SPRING, MD.
	20. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) BUTIAL 6/8/59 Prospect Hill Cemetery Washington D. C. ADDRESS WARNER E. PUMPHREY INC. Silver Spring, Md. 24b. RECIDENT 24b. REGISTRAT'S AIGHATURE DATE

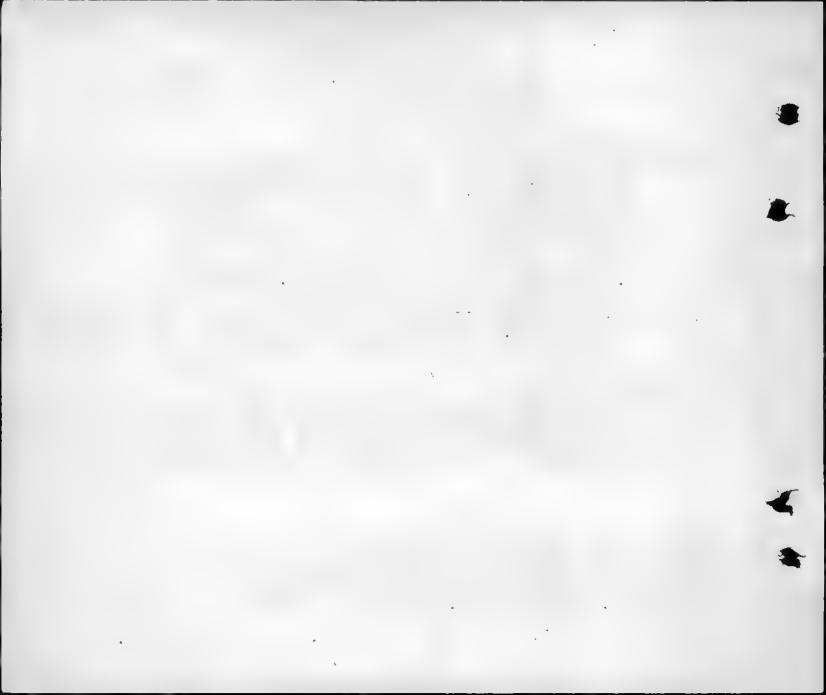


VS A15 (4) 15M 10/57

#### 7028 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

								Reg. Dist. I	No.
1. PLACE OF DEATH a. COUNTY			MARYLAND	2 6	ISUAL RESIDENCE (WI	here decease	d lived If institution b. COUNTY	n Residence b	efore admission)
MONTGOMERY  b city or town (	f outside corporate limits, w	rile   c. LE	NGTH OF STAY IN 16	1 (	MARYLAND : CITY OR TOWN (IF a	autside com			pegrest lows)
RURAL and give no	ecrest fown]	1			_		organ mining, write his	sure one give	negress rowing
d. NAME OF HOSPIT	AL (If not in hospital, give s	ireel oddre	DAY	10	UAMASCUS d. STREET ADDRESS				e IS RESIDENCE
OR INSTITUTION	COUNTY GENER	AL HO	SPITAL		RIDGE ROA	D			e. IS RESIDENCE ON A FARM? YES X NO
3. NAME OF DECEASED	First	9614	Middle		lost	4. DATE	Mant	ħ	Day Year
(Type or print)	GRACE		ELIZA	BET	H SNAPP	DEATH	Jui	NE	1 19 59
5. SEX	6. COLOR OR RACE 7.	MARRIED [			TE OF BIRTH	-d	9. AGE (In years		AR IF UNDER 24 HRS
FEMALE	_ WHITE WIG	OOWED 📉	DIVORCED	6	/9/91		last birthday) 67 yrs.	Months Day	rs Hours Min
IOG. USUAL OCCUPATIO	ON (Give kind of work done king life, even if retired)	106, KIND	OF BUSINESS OR IND			or foreign o	country]	12. CITIZEN	OF WHAT COUNTR
4.4	EWIFE				VIRGINI	A		USA	
13. FATHER'S NAME				14.	MOTHER'S MAIDEN				
JAMES M.	RUDASILL				IDA E.	GRANE	STAFF		
IS. WAS DECEASED EVE	R IN U. S. ARMED FORCES?	16. SOCIA	L SECURITY NO. 17.	INFOR			Addr	e13	
No	in yes, give was as could be territed			Hos	PITAL RECO	RDS.	(	DINEY.	Mp.
18. CAUSE OF DEA	TH [Enter only ane cause p	per line for	(a), (b), and (c).			,	\	10	NTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY-	The state of the s	seatu	ic	Stensi	1	Relain	10	INSET AND DEATH
420.0		0	0		coange				
Candilians, if a	ny, which ) (b)	lu	Merio clerenas / teart Duce 2						
gave rise to it couse (a), stating	mmediate (								9-23
lying cause lost.	(c)								
PART II. OTH	ER SIGNIFICANT CONDITIO	ONS CONTR	BUTING TO DEATH BU	JT NOT	RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIVE	N IN PART 1(o	19 WAS AUTOPSY
PART II. OTH	Linbells	· · · · · · · ·	nells	res	" ۔۔۔ '"	yes	ch		PERFORMED? YES NO Z
200 ACCIDENT WA	S UNDERLYING (1) 206.  CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE	HOW INJURY OCCUR	RED. (En	ter nature of injury in	Part I or Par	rt 11 of ilem 18.)		
		0.1 11.11.10.11	0.5010050 120	01 A CE O	C IN WHITE A				
7 20c. TIME OF INJUR Hour a.m.	- V	Vhile I	Nat while	actory,	F INJURY (Home, form street, office bldg., etc	ι,   201 (Cih :-)	y or tawn)	(Count	ly) (State)
¥ p. m.	19 01		at work			i			
21. I certify th	at I attended the dec	ceased fr			, 19 <u>5</u> /, 10	nin	1 , 195	that I last	saw the decease
alive an	soul f	19J9	_, and that deat	h acc	urred at 3:15	P.M. frai	m the causes a	nd an the a	date stated abov
9	111				10.51		ireet, city or town,		DATE SIGNE
SIGNATURE	achsen	un	nauce	M.D.	Brisa	here	dan	14	-6-1-
NAME (Type)	I Schwieght	р М	n		Gara	THERE	Nana Man	VI AND	. 39
	N. 226. DATE THEREOF		NAME OF CEMETERY	OP CPE			TION (City, town, o		
Burial			_			_			(Stole)
23. FUNTERAL PIRECTOR			Damasc ADDRESS	UB	Meth.	D BY REGIST	AMASCUS	TRAR'S SIGNAT	TUPF
Clin X	Molisword	h	Damascu	8,	Md . DATE JU			Chun S. Ki	
					DATE		400		



Reg. Dist. No.

1-4	1, [	LACE OF DEATH COUNTY Montgomer	v		MARYLA	- 11	2. USUAL RESII o. STATE Maryla		ere deceosed	b. COUNTY		e before ad	mission)	
	- 1	b. CITY OR TOWN (If RURAL and give ner	outside corporate limits, wi	ite c. LENGT	H OF STAY IN	16			utside corpo	rote limits, write I	RURAL ond g	ive nearest t	own)	
		Bethesda	·	2	29 days		Baltir	nore (	- 1		P 3	* **		
5		d. NAME OF HOSPITA	L (If not in haspital, give s	reet address)			d STREET A	DDRESS				e. IS	RESIDENCE	
,1			cal Center. 1		14. M	d.	L55 0	Ld_Hor	ne_Roa	d			NO X	
	3.	NAME OF DECEASED	First		Middle	-	Los	t	4. DATE	Мо	nth	Day	Year	
		(Type or print)	Danie.	1.	Jacob		Stat	10	OF DEATH	Jun	te	10.	1959	
	5, 5	SEX	6. COLOR OR RACE 7.	MARRIED 🔀 NE	VER MARRIED	□ B.	DATE OF BIRTI	1		9. AGE (In years		YEAR IF U	NDER 24 HRS	
1		Male	White with	OWED [	DIVORCED [		January	6. 19	906	lost birthday) 53 yrs	Months	Days Hou	ers Min.	
	10a	. USUAL OCCUPATIO	N (Give kind of work done ng life, even if retired)	10b. KIND OF	BUSINESS OR I	NDUST	RY 11. BIRTHPL	ACE (State	or foreign co	ountry)	12 CITI	ZEN OF WH	IAT COUNTRY?	
		Welder &		Mainto	enance			Marv]	land			U.S.	Α.	
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
		Alex Stau	D				Susan	Wilso	on					
	TŞ. IYın		IN U.S. ARMED FORCES?	16. SOCIAL SE	CURITY NO.	17, IN				Record Add	lress .	*		
		Yes	WW II	215-0	7-0929	The				Betheso		Marvl	and	
		18. CAUSE OF DEAT	TH [Enter only one couse p	er line for (a),	(b). ond (c).]								BETWEFN	
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) MAI GNANT ME ANOMA ONSET AND DEATH 1 YEAR 9												
		190.9	DUE TO									/	6 MOS.	
		Conditions, if on	y, which ) (b)									,	5 1100 S.	
		gove rise to im couse (a), stating t	mediote (											
		lying couse last.	(c)											
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?												
Ž	CAT												NO [	
	CERTIFICATION	20d. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING 1 20b.	DESCRIBE HOW	INJURY OCC	URRED.	(Enter noture o	f injury in I	Port I or Part	II of item 18 )				
		(IF EITHER, NOTIFY A	MEDICAL EXAMINER											
	MEDICAL	20c. TIME OF INJURY Hour o. m.		d. INJURY OCC		e PLAC	E OF INJURY (I	Home, form	. 20f (City	or town)	(C	aunty)	(Slole)	
	ME	p. m.		hile Nat work at wa			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		21. I certify the	ot I attended the dec	eased from	May 12		1959	ta Ji	ine 10	1959	.that I le	ost saw tl	ne deceosed	
	,	olive on June	e 10	9 59	ond that de	eath c	ccurred of	12:25	M, from	the couses	ond an th	e date st	oted ohove	
		a	++ 0	1-10	1 . 1 -					reet, city or town,			DATE SIGNED	
		ACTUAL SIGNATURE	uhun.	1200	ZU	1 M.	D. The	Clinic	cal Ce	nter		6,	10/59	
/		PHYSICIAN'S A		()		7	Natio	onal:	Instit	utes of	Health	1		
		NAME (Type)	rthur T. Tep	litzky,	M. N.		Beth	esda	LL. Ma	ryland				
	220	BURIAL, CREMATION	, 22b. DATE THEREOF	22c NAI	AE OF CEMETE	RY OR	CREMATORY		22d. 10CA	JON (City, town,	or county)	(5	ilote)	
	ي	Buriel	6-12-195	9 430	0%:	May	tond	2	13	alto.	15	nee	R-	
	23.	FUNERAL DIRECTOR'S	SIGNATURE	ADDI	RESS	10			D BY REGIST		STRAR'S SIG			
		toren 4	Duran-	605 F	PH	glis	5 ale	DATE 1	N 1 2 '5	9 a	Limit L.	Threes		
		0	· / E	alle	15, 9	rie	7 .							

may be retained be haspited afterding physician.

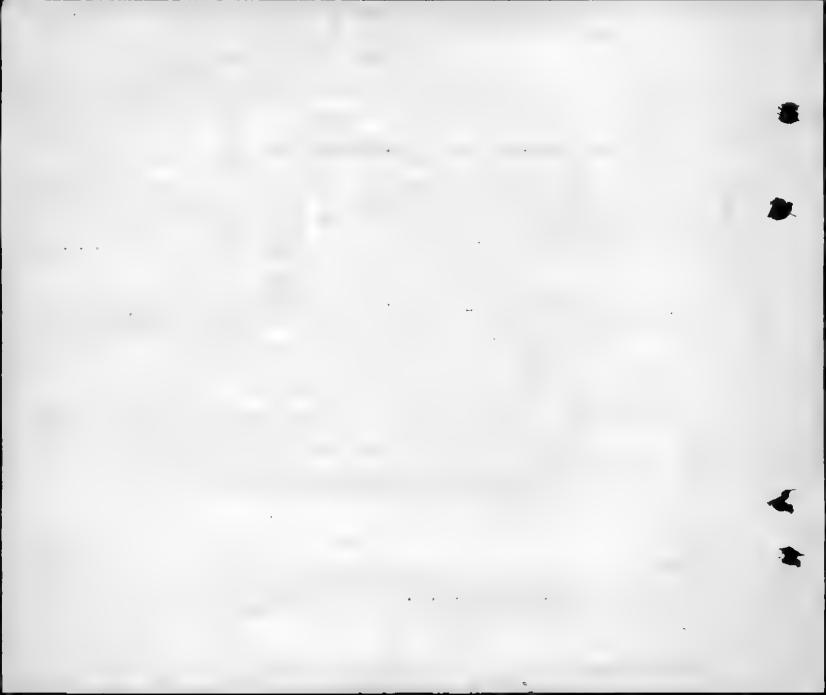
TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and campage 3 shauld be detoched farfuse as the burial-transit permit. Then please remove carbon papes the registrar priar to burial, cremating, ar remayal, and in any event within 72 hours after death. TO HOSPITAL OR VS A15 (4) 15M 10/57

alh: Page 4 Sheral director,

within 24 hours after

INDING PHYSICIAN: The law requires that the death certificate be executed

y filled in by the Sheral director, Pages 1 and 2 shauld be filed with



#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7030

CERTIFICATE OF DEATH

Rea. Dist. No.

	02.11.11.13.			Reg. Dist.	No.
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (V	there deceased lived. If ins		pefare admission)
MONTGOMERY	MARYLAND	MARY	LAND b. cou		GOMERI.
b. CITY OR TOWN (If autside carparate limits, write   c.	LENGTH OF STAY IN 16		outside corporate limits, wr		
RURAL and give nearest town) SILVERS SPRING-	8 YEARS	( (111)	ER SPRIN	16-	
d NAME OF HOSPITAL (If not in haspital, give street add		d. STREET ADDRESS			e. IS RESIDENCE
ORINSTITUTION IZDUAY DRIVE		10617	ORDI Au i	201/=	ON A FARM?
			o Kowing I	IKIVE	
DECEASED (Type or print) EDITH	I REN'E	= STELENS	4. DATE OF DEATH JU	Manth 2	Day Year 195
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9 AGE (In you lost birtho	ears IF UNDER 1 YE	AR IF UNDER 24 HR
FOULLE WHITE WIDOWED!	DIVORCED [	JAN. 21, 1		yrs. Months Day	rs Hours Min
00 USUAL OCCUPATION (Give kind of work done 10b, KIN		STRY 11. BIRTHPLACE (Stol	e or foreign country)	12. CITIZEN	OF WHAT COUNT
during most of working (ife, even if retired)	own home	IOW	A.	€	J. S.
3. FATHER'S NAME	A TOME	14. MOTHER'S MAIDEN			
WHI. A. SEWICL		LDNA	WILLIAM	5 (14)	
S WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SO	`		00100 17411	Address	
(Yes, no, or unknown) (If yes, give wor or dates of service)		HE STEVEN	you its	ABove	
18. CAUSE OF DEATH [Enter only one cause per line for	ar (a), (b), and (c).]	,		Į.	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	EKINSON	DISEASE		1	15 48 A
350 X DUE TO					
Conditions, if any, which ) 61	· · · · · · · · · · · · · · · · · · ·				
gove rise to immediate DUE TO	=				
lying cause last. (c)					
	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART I(	19. WAS AUTOPS
PART II. OTHER SIGNIFICANT CONDITIONS CON					PERFORMED?
20g ACCIDENT WAS LINDERLYING THE 20b DESCRIP	E HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Port II of item 18.	.)	
OR CONTRIBUTING O CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	RY OCCURRED 20e. PL	ACE OF INJURY (Home, for	m 20f (City or foun)	(Cour	nty) (Slat
Adur c. m. While _	_ Not while to	ctory, street, office bldg., e	ic.)	(Caur	ny) (sian
	of work				
21. I certify that I attended the deceased	from IAA/	, 19 <u>.5 7</u> , to	JUNE 25, 19	\$5,that   last	saw the decea
			₽M, fram the caus		
	1	, , , , , , , , , , , , , , , , , , , ,	ADDRESS (Street, city or to		DATE SIGI
SIGNATURE ) amos a, Roth	Patr	M.D. 8907 (FO	OREIA AVE	NUE	6/25/
SIGNATURE	7-,-3	· ·	4		
The state of the s	ROBERTS	5/20	IER SPRIA	16, (1.1)	1
220. BURIAL, CREMATION, 22b. DATE THEREOF 2	2c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, to	wn, or county)	(State)
REMOVAL (Specify) burial 6/29/59	Fort Lincoln	Cemetery	Washington	. D. C.	
3. FUNERAL DIRECTOR'S SIGNATURE EY . Inc.	Sports Spri			REGISTRAR'S SIGNA	TURE
Raymond a. Ziska	STATEL SPLE	DATE OF	IN 2 9 '59	Chilan S. Fr	Alek
1 months on a day of a Development		DAIL	UN E 3 34	CARGONIA 80' 100	

ly filled in by the takeral director, Loges 1 and 2 should be filed with oth. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained the hospy of ottending physician.

TO FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and can be filled in by the page 3 should be detached farfuse as the buriol-transit permit. Then please remaye carban page. Rages 1 and 2 shifter registrar prior to buriol, cremation, ar remayel, and in any event within 72 hours after death. VS A1S (4) 15M 9/5S

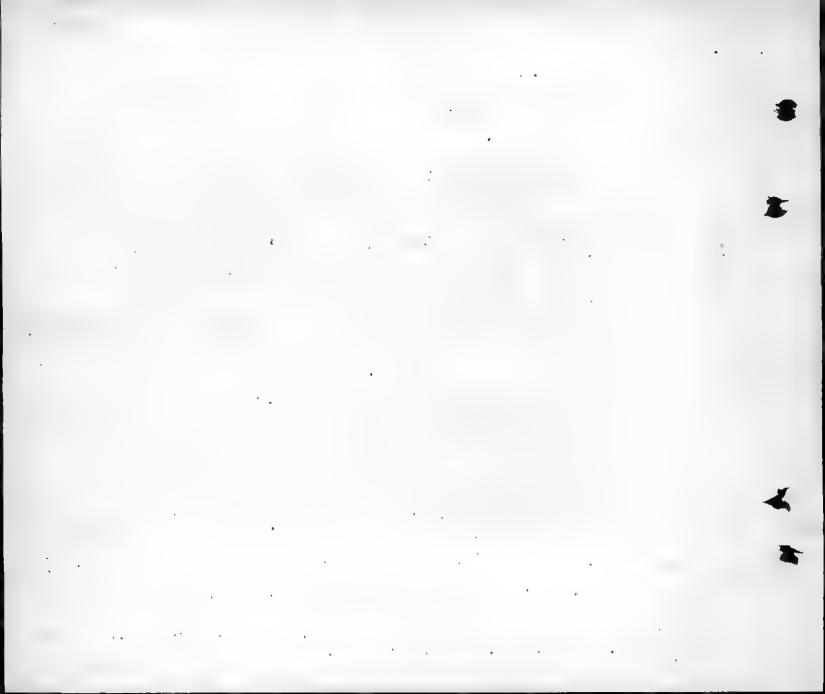
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VS A15 (4) 1SM 9/SB

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	-	MARY	LAND	STATE DEPA	ARTM	ENT OF HEALTH	-BALTIM	NORE, 1		S Marin at	
		091		CERT	IFIC/	ATE OF DEATH	ı		Reg. Dist.	1701	7
1. [	LACE OF DEATH S. COUNTY	TGO MERL	1	MAR	YLAND	2 USUAL RESIDENCE (Who o. STATE		h COUNTY	MON7		
ŧ	RURAL and give no	f autside corporate lim carest town) SPRING	ts, write	8/2 4 EF		c. CITY OR TOWN (IF or	utside carporate ti	imits, write RU	_	a nearest low	m)
•	J. NAME OF HOSPIT	AL (If not in hospital, &		oddress)		d. STREET ADDRESS	16570N	ROAD		ON	SIDENCE A FARM?
	NAME OF DECEASED Type or print)	Fii CH		Middle LARET	WE	Lost STOR M	4. DATE OF DEATH	Mont		Doy 7	Year 1957
S S	MALE	6. COLOR OR RACE	WIDOWE		ED 🔲	APRIL 3, 19	16	GE (In years st birthdoy) 43yrs.		oys Hours	Min.
	GAS SERI	DN (Give kind of work king life, even if retired JICE MAN (BY ADOP)	1			MALY  MALY	L AND			2.5	COUNTRY?
	FATHER'S NAME	STORM,	FRA	NK -			WWK.10	ADOI	BHME	570	77
IS. (Yes	no. or unknownt AUF	R IN U S. ARMED FOR	945 5	77 16 1188	M	RS. CHAS, 3 TOP		Addr H A E	228		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		e for (o), (b), and (c)		R FIBRILL	A710N			ONSET AND	D DEATH
	Conditions, if ony, which gove rise to immediate (b) CORCUARY OCLUSION									3 MG	Nitt
~	couse (a), sloting lying couse lost	the under- OUE TO	}	CURONAR						61101	
CATION	PART 11. OTI-	IER SIGNIFICANT CON	-			NOT RELATED TO THE TERM!!			EN IN PART I	PERF	AUTOPSY ORMED?
L CERTIF	(IF EITHER, NOTIFY	☐ CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	OCCURRE	D. (Enter noture of injury in P	ort I or Port II of	item 18 )			
MED CAL	20c. TIME OF INJUR Hour o.m. p. m.	19	While of work	JURY OCCURRED Not while of work	foc	ACE OF INJURY (Home, form, form, tory, street, office bldg, etc.				inty)	(State
	21. I certify the		deceose	od from $CB$ , $G$ , ond tho	27 t deoth	occurred of 7 4.5 A	M, from the	, 19∑ <i>5,</i> couses on	thot I lost d on the c	sow the dote state	deceased d obove
	ACTUAL SIGNATURE	inos a.	Ro	lests			ADDRESS (Street,		state)	Jun	STATE
	PHYSICIAN'S NAME (Type)	TAMES A		SEX.75		SILVE	B SPR	ING,	MD.		
	BURIAL, CREMATIO REMOVAL (Specify)		)F	22c. NAME OF CEM			22d. LOCATION	(City, town, o	r county)	(Sto	ote)
	Surial EUNERAL DIRECTOR Warner E.	s signature Pumphrey,	Inc.	_ADDRESS		g, Md. 240. REC I	Prince BY REGISTRAR N 9 '59	24b REGTS	CO STRAR'S SIGN		and
	raymond	Aziska				DATE OU	59	Cin	thun S. +	Isaud.	



requires that the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Se filed with

ly filled in by the tun Pages 1 and 2 should

oth: Page 4

TENDING PHYSICIAN: The law requires that the death certificate Le executed within 24 hours after ertificate has been signed by the attending physician and cam

- mmovel, and in ony

the registrar prior to burial, cremation,

TO FUNERAL DIRECTOR: After page 3 should be detached far

VS A1S (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07019

**CERTIFICATE OF DEATH** 

Peg Dist No.

									Call Gibi	, 110,	
PLACE OF DEATH O. COUNTY M	ontgomery		MARYLA	11	o. STATE MA	ryle	ere deceased liv	ed If institution b. COUNTY	Monte	before adi	Y (12510n)
b. CITY OR TOWN RURAL ond give r	(If outside corporate limitectest fown)	ils, write	e LENGTH OF STAY IN 8 Hr.	11Ь			utside corporote	limits, write Rf	JRAL and gr	ve nearest t	own}
d NAME OF HOSPI OR INSTITUTION MONTGOMET	TAL (If not in hospitol, or Co. Ge		ospital		/d. STREET ADE	F D	#	2		Öl	RESIDENCE NA FARM?
3. NAME OF DECEASED (Type or print)	Emma		Jane Middle	Te	ylor		4. DATE OF DEATH	June		Doy L9	Yeor 1959
s. sex Female	6. COLOR OR RACE White	7. MARRI	ED NEVER MARRIED DIVORCED		NOV.	1	881	AGE (In years ast birthdoy)		YEAR IF U	NDER 24 HRS.
100. USUAL OCCUPATION of working most of working most of working the working t	ON (Give kind of work rlying life, even if retired 111 e	done 10b. I	CIND OF BUSINESS OR	INDUSTR		E (Slote o	or foreign count	(γ)		S.A.	HAT COUNTRY
13. FATHER'S NAME Be	njamin	Scho	field		14. MOTHER'S M		AME Le	•			
IS, WAS DECEASED EV	ER IN U.S. ARMED FOR (If yes, give wor or dates of	RCES? 16. S	NO NO	17. INFO	ORMANT 5. Ulya	805	Grif	Addr f1th		Same	as 2
	immediate DUE TO	Ac	ronary Ocute upper			ry	infect	ion		ONSET A	hours to 15
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  Generalized arteriosclerosis, bronchiectasis, hypertension  200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING OF CONTRIBUTION											
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	While	UURY OCCURRED 20 Not white of work	De. PLACE factor	OF INJURY (Ho y, street, office b	me, form, ldg., etc.	20f. (City or	town}	(Co	ountyj	(State)
21. I certify that I oftended the deceased from											
	.F. Meado		M.D.			mes	cus, M				
220 BURIAL, CREMATIC REMOVAL (Specify Burial	June 2	22 22	Dunmore	RY OR C			Scran	ton		I	Penn.
23 PUNERAL DIRECTOR	- Santure	Lav	tonsville	. 1		4a. REC'E ATE	D BY REGISTRAN IUN 2 3 '5!	24b. REGIS	TRAR'S SIGI		



moy be retained by FUNERAL DIREC 10 VS A15 (4) 15M 9/55

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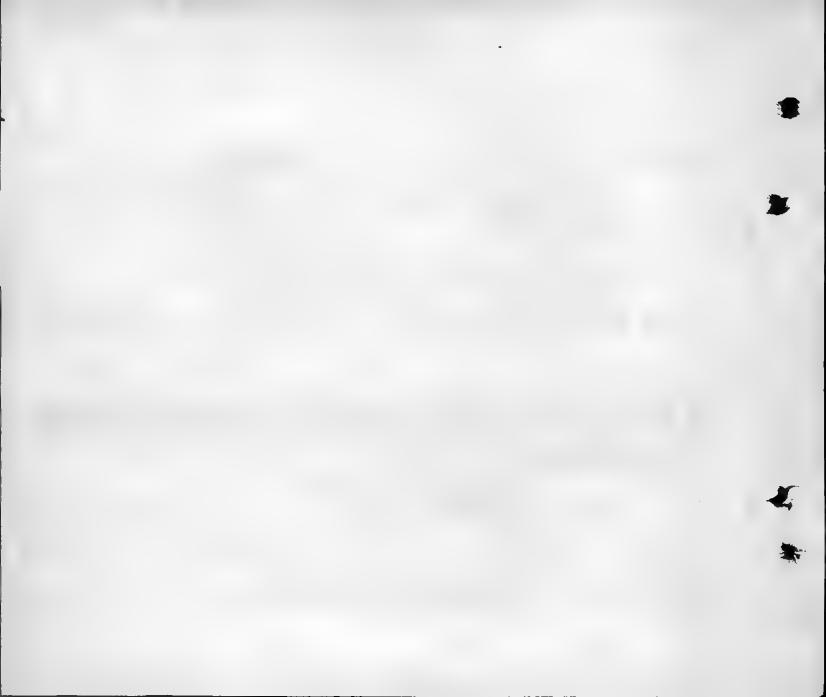
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within 24

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death certificate be

reavires that the



24b. REGISTRAR'S SIGNATURE

arthur S. Krous

24c. REC'D BY REGISTRAR

DATE JUN 2 5 '59

	4	U <b>3</b> 3		CERTIFIC	ATE OF DEA								
E								Reg. Di	st. No.				
1.		Montgomery		MARYLAND	2. USUAL RESIDENCE o. STATE	: (Where decease	d lived. If instituti b. COUNTY		gomer	·			
	b. CITY OR TOWN (If RURAL and give ne	oviside corporate limi	ts, write	C. LENGTH OF STAY IN 16	E. CITY OR TOWN	c. CITY OR TOWN (If outside corparate limits, write RURAL and give neare							
L	Sil	ver Spring		19 years	Silv	Silver Spring							
	OR INSTITUTION	AL (If not in haspital, g		,	d. STREET ADDRES			e. IS RE					
_		5 Markham :		t	992	m Street		Y	ES NO	) [F			
3.	NAME OF DECEASED (Type or print)	Fin A: 1 h a mi		Middle	Lost	4. DATE OF DEATH	Mon		Doy	Yeor			
5.	SEX	6. COLOR OR PACE	7 MARR	ch Thompson	B. DATE OF BIRTH	OEAIN	9 AGE (In years	e 23	1 YEAR IF	19.5			
	Male	white	WIDOWE	_	11/27/89		last birthday)	Months			Vin		
10	o. USUAL OCCUPATIO	N (Give kind of work of	done 10b.	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (S	lote or foreign c		12 C17	TIZEN OF Y	WHAT COL	INTRY?		
	during most of work	ing life, even if retired)	)	sh. Post News		nsvlvani			U.S.A				
13	FATHER'S NAME		1 77 54	DIE TOSE NEWS	14. MOTHER'S MAIDE	EN NAME	-	1	U.J.A	*			
J	oseph Thom	pson			EMILY WII	LDERMUTE	A.						
15.	WAS DECEASED EVER	IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.			Adde						
Ĺ	yes	yes, give wor or older or st	16	51=10=4150 M	irs. Margie	G. Thomp			_	St.			
	18. CAUSE OF DEAT	TH [Enter only one co	use per lin	e for (o), (b), and (c).			Silver 3	PETHE	" INTERV	AL BETWE	EN		
	PART 1, DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)		ardiae.	Decom	ense-	tion		ONSET	AND DEA	TH 24		
	420.1	DUE TO	_	0	1 9	. /	2007						
	Conditions, if on		Copy	nyvearde	alima	net (	old)						
	gave rise to im cause (b), sloting t			1	0					7			
_	lying couse lost.	(c)	-c	remosel	erosio					-			
MEDICAL CERTIFICATION	PART II. OTHI	ER SIGNIFICANT CONI	DITIONS <u>C</u>	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PAR	P	WAS AUTO PERFORMED	D?		
ERTIF	20a. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	UNDERLYING D	20Ь. DESC	RIBE HOW INJURY OCCURR	ED (Enter nature of injury	in Port 1 or Par	t II of item 18 )						
A C	20c. TIME OF INJURY		100 2 10	hiny occupants   20 s	MASS OF HAMINAY ALL								
MEDIC	Hour o. m.	Month, Day, Yea	While of work	Not white	*LACE OF INJURY (Home, if octory, street, office bldg.,	form, 20f (City etc.)	or town)	(C	County)	(S	State)		
	21. I certify the	at I attended the	decease	d from	194 / ta	2350	ne, 195,	Tibal I I	last saw	the dec			
	alive an 2	Janes	195	Z, and that deal	h accurred at 144	YOPM from	n the couses of	nd on th	ne date	stated a	have		
	ACTUAL SIGNATURE	Alkan	r S	. and	_M D		freet, city or town,			DATE S			
	PHYSICIAN'S W.	illiam D.	Aud,	M. D.	9006 Cole	sville	Rd., Sil	ver S	pring	, 14d.	,		
220	BURIAL CREMATION REMOVAL (Specify)	226. DATE THEREO		22c. NAME OF CEMETERY		22d LOCAT	TION (City, town, o	of county)	022722	(Sigle)			
4	ICANS, & BU.	RIAL 6/26	109	Mt. Vernon (	Jemetery	LUITE	adelphia,	renn	SATAB	III.M			

SILVER SPRING, MD.

page 3 should be detached for the as the burial-transit permit. Then pleass the registrar priar to burial, cremation, or remaval, and in any event within may be retained by the hasping TO FUNERAL DIRECTOR: After 1 page 3 should be detached for TO HOSPITAL OR

VS A15 (4) 15M 10/57

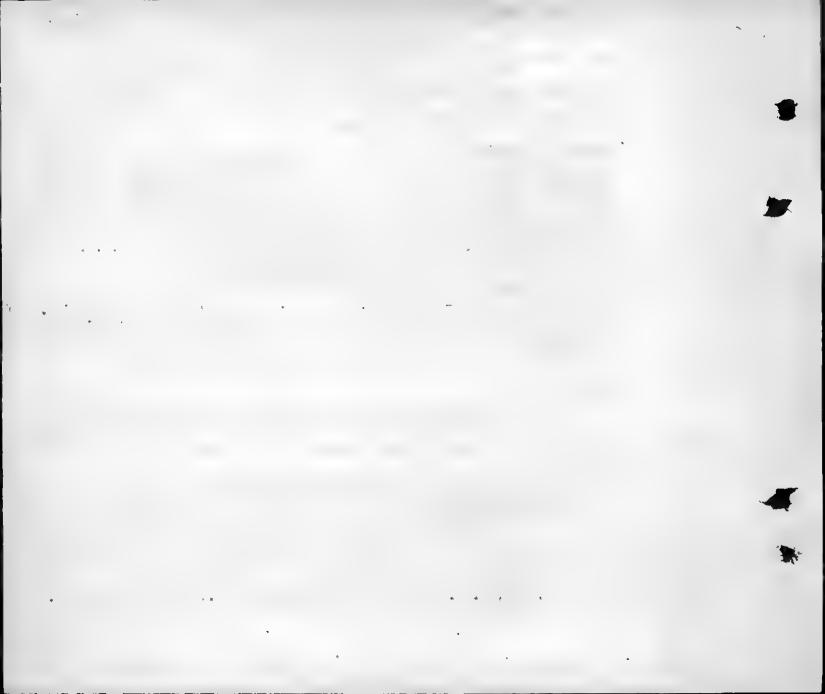
the tuneral director, should be filed with

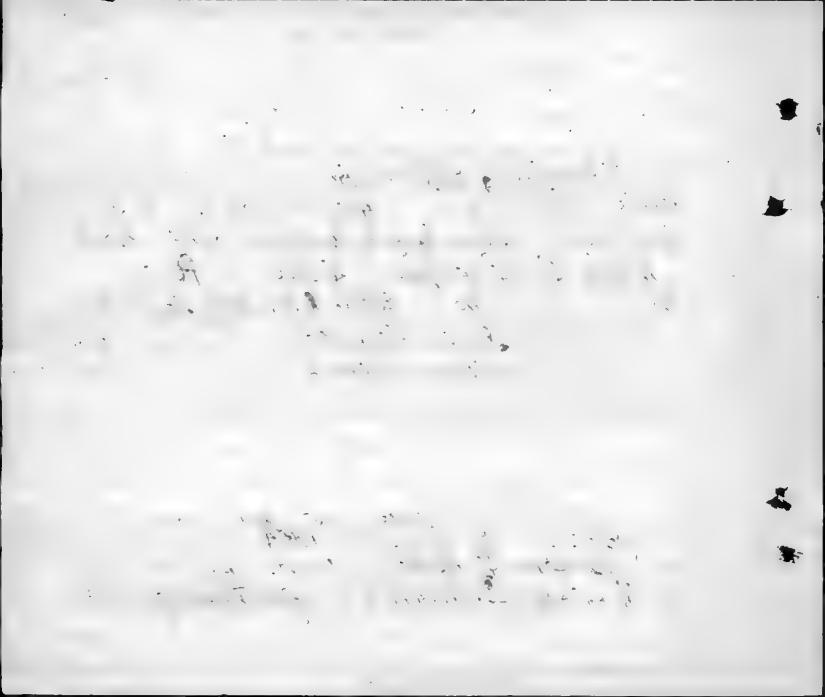
y filled in by the oges 1 and 2 share

TENDING PHYSICIAN: The low requires that the death certificate be executed

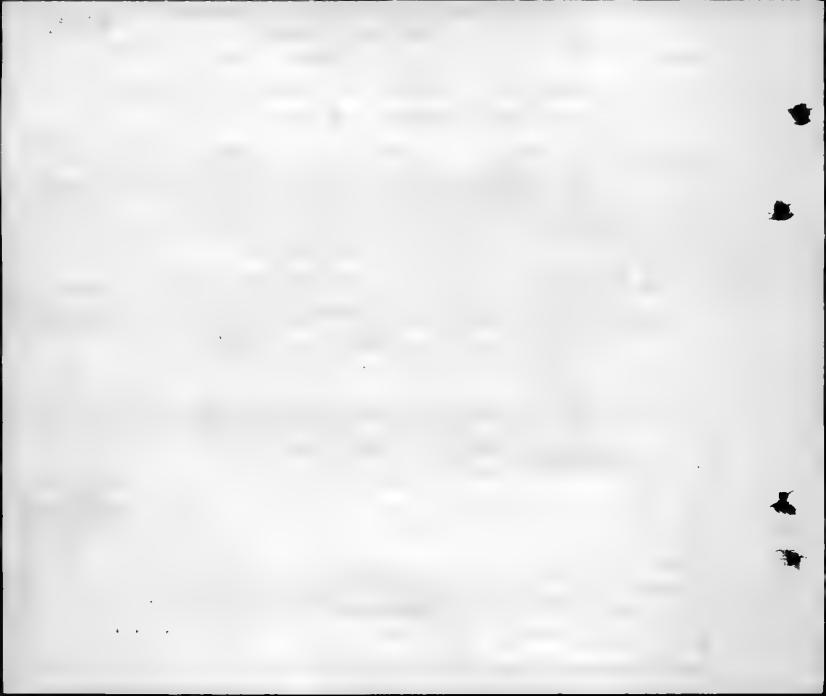
drifticate her signed by the attending physician and comp as the burial-transit permit. Then please remove carbon paper ion, or remayal, and in any event within 72 theats after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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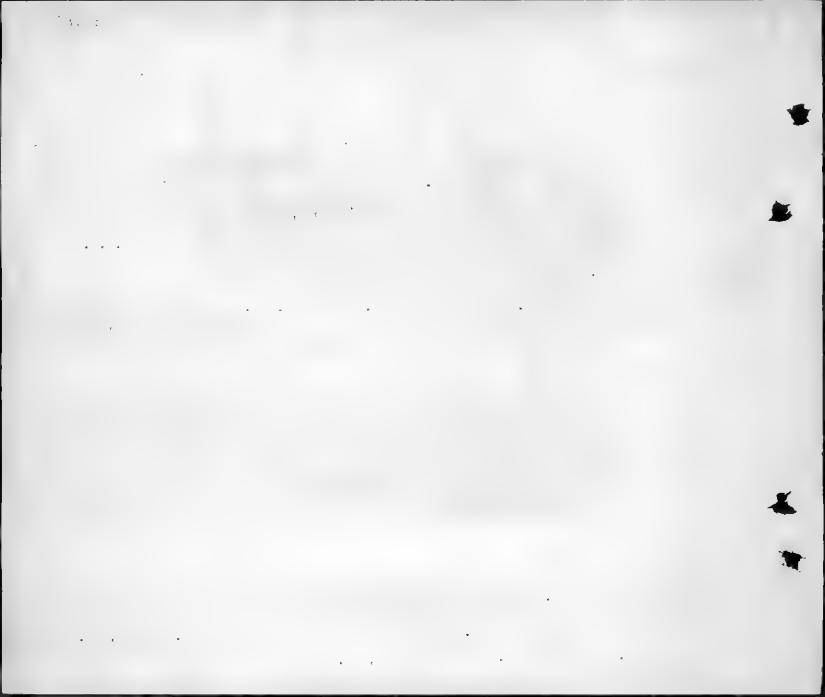
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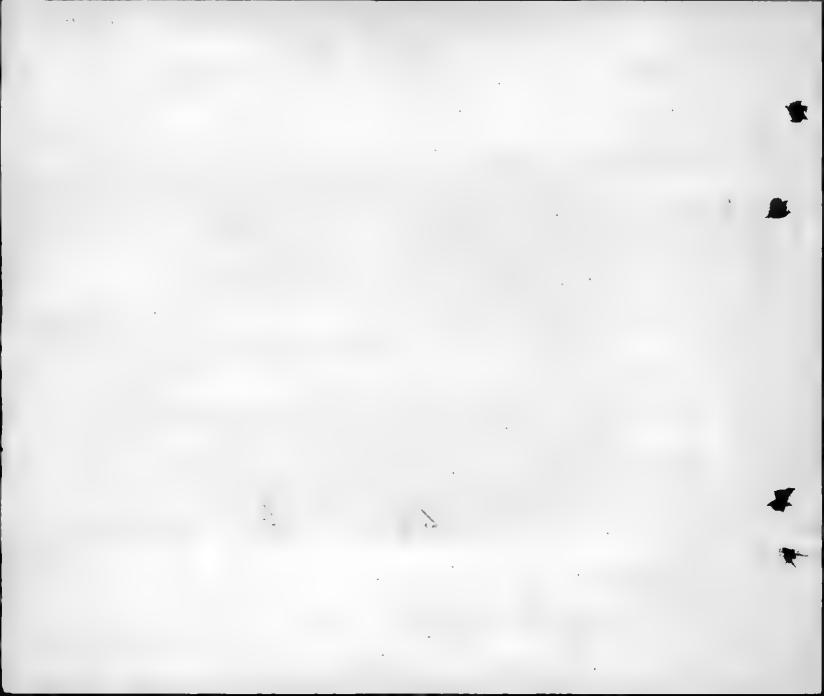
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

07024

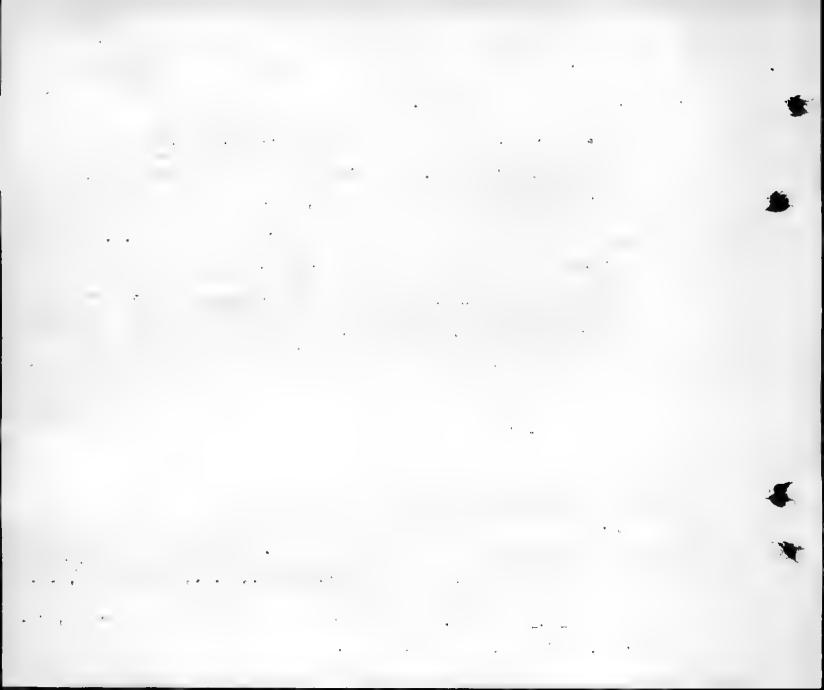
7036 Rea. Dist. No. I. PLACE C 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) n. COUR **b. COUNTY** MARYLAND CITY OR TOWN (If outside corporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) RURAL and give nearest town) Silver Spring Kensington d NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Kensington Gardens Rest Home ON A FARM? 2324 Seminary Road YES NO TE NAME OF Middle 4. DATE Day DECEASED (Type or print) DEATH 19 5 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9 AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED TH DIVORCED T OCTOBER. YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
CIVIL Engineer Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick W. Trumpour Laura Machev IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT ves Mrs. William Davis, 2700 Southington Road Shaker Height Sintelli OTWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) > WKS **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH WAS AUTOPSY PERFORMED? YES NO T 206 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d INJURY OCCURRED (County) (Stole) foctory_street, office bldg , etc.) NOT While of work of work D. m. 17 June 195 Ethat I last saw the deceased 21. I certify that I attended the deceased from. and that death occurred at 115 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, slote) **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) Merton L. White 220 BURIAL CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stote) REMOVAL (Specify) FT. LINCOLN CREMATORY PRINCE GEO. COUNTY. MD. 6/18/59 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE SILVER SPRING. MD. DATE JUN 2 3 '59 arthur & House







VS A15 (4) 15M 9/5R

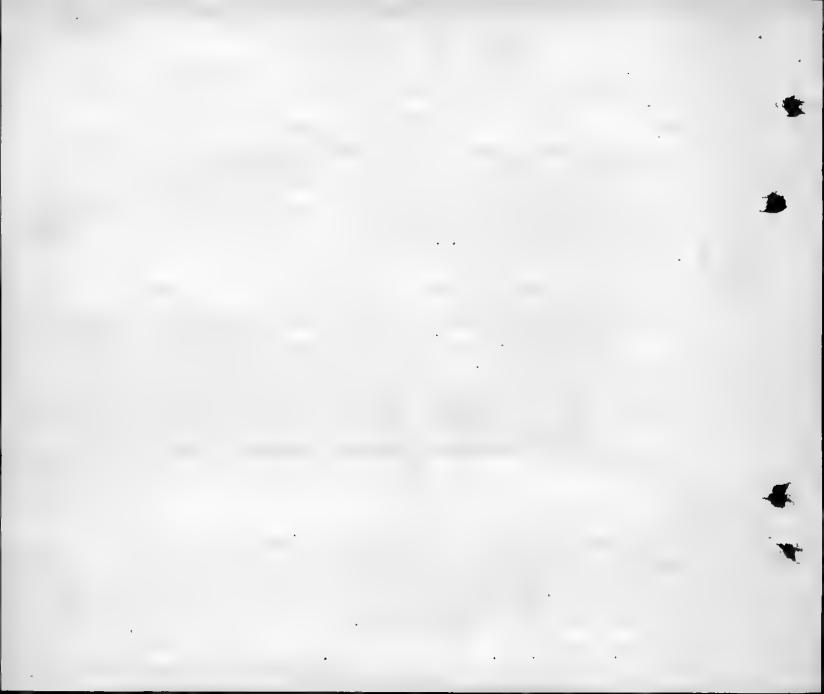


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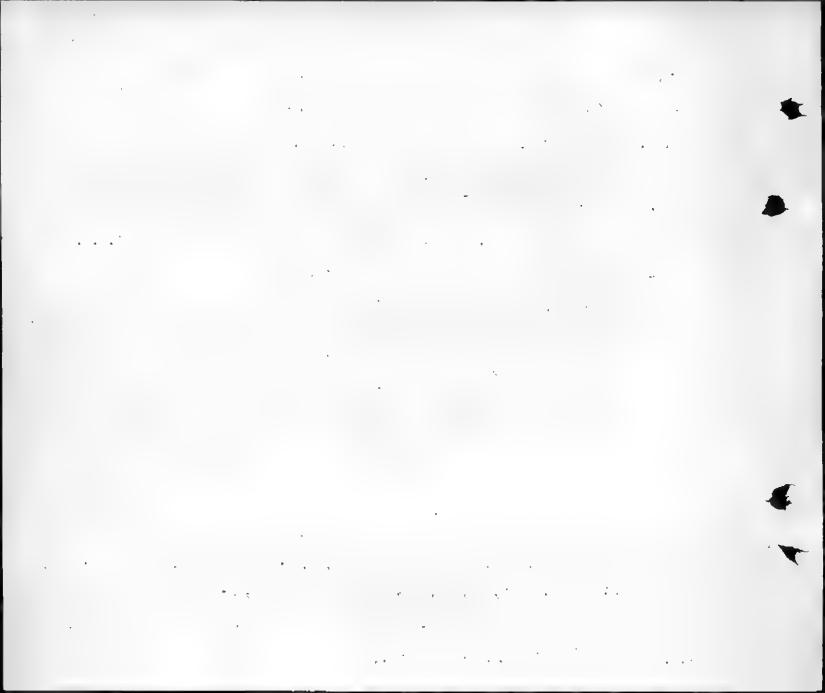




07030

		CERTITO	TIE OI DEA		Re	eg. Dist. No.	212
	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE o. STATE Virginia	(Where deceased live	of institution of the country Arlingto		e admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate			rest town)
	Bethesda (Rural)	75 days	Arlingto		8 - 3.		
l	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  U. S. Naval Hospital	oddrass)	d. STREET ADDRESS	s Fairfax Di	rive		ON A FARM?  YES NO 17
	3. NAME OF First	Middle	Last	4. DATE	Month	Day	Year
	(Type or print) Henry	Edward	WHITELEY	OF DEATH	June	26	
	5 SEX   6. COLOR OR RACE   7. MARR		8. DATE OF BIRTH	9. 4		-	IF UNDER 24 HRS
	Male Caucasian WIDOWE		6-28-85	10		onths Days	Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (S	tate or foreign countr	(7)	12. CITIZEN OF	WHAT COUNTRY?
	Mariner	. S. Navy	South	Dakota		U.S.A	4.
1	13. FATHER'S NAME		14. MOTHER'S MAIDE	EN NAME			
	Winfield WHITELEY		Nancy HA	WKINS			
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes. give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT		Address		
	Yes WWI&II, Korean 5	79-52-3277 Н	ospital Rec	ords			
	IB. CAUSE OF DEATH Enter only one couse per lin	ne for (a), (b), and (c),]	4 7			INTE	RVAL BETWEEN ET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	rebial Throne	besign			ONS	EI AND DEATH
	330 X DUE TO		arteuse	· le cost		24	-36 krs
	Conditions, if ony, which ) (b)	The state of the s					
	gove rise to immediate cause (a), stating the under-lying cause lost.	Chronic Puls	nonary &	mplupe	ma	C	noni
L.	PART II OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE CO	NDITION GIVEN	IN PART 1(0) 19	PERFORMED?
	200 ACCIDENT WAS UNDERLYING TO 20b. DESC	RIBE HOW INJURY OCCURRED	) (Enter noture of injury	r in Part I or Part II c	of item 18.)		TES EXT. INC.
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		, (anter no oce or mijer)		,		
		4	ACE OF INJURY (Home, trong, street, office bldg.,	form, 20f. (City or I	lown)	(County)	(State)
	Hour o. m. While at wark		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	21. I certify that I attended the decease	ed from April 12	19.59, to_	June 26	12.59tho	at I last saw	the deceased
	alive an June 26 19		accurred at 1:5				
		MAD I			city or lown, stat		DATE SIGNED
	SIGNATURE SUMME ( . /-	force	M.D. U. S. N	aval Hospi	ital, NNA	1C 6-	-26-59
İ	PHYSICIAN'S Jerome A. GOLD, I	LT, MC, USN	Bethesd	a 14, Mary	yland		
	220 BURIAL, CREMATION, 22b, DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION	I (City, lown, or co	ounty)	(State)
	Burial 6-30-59	Arlington Na	tional	Arling	gton	Vi	ginia
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Washing	ton DC 249 F	REC'D BY REGISTRAR	24b. REGISTRA	R'S SIGNATUR	
	W.W. Chambers Funeral Home,	517 11th St.,	SE DATE	JUN 3 0 '59	Cal	hus & that	uli

TO HOSPITAL OR VS A15 (4) 15M 9/58

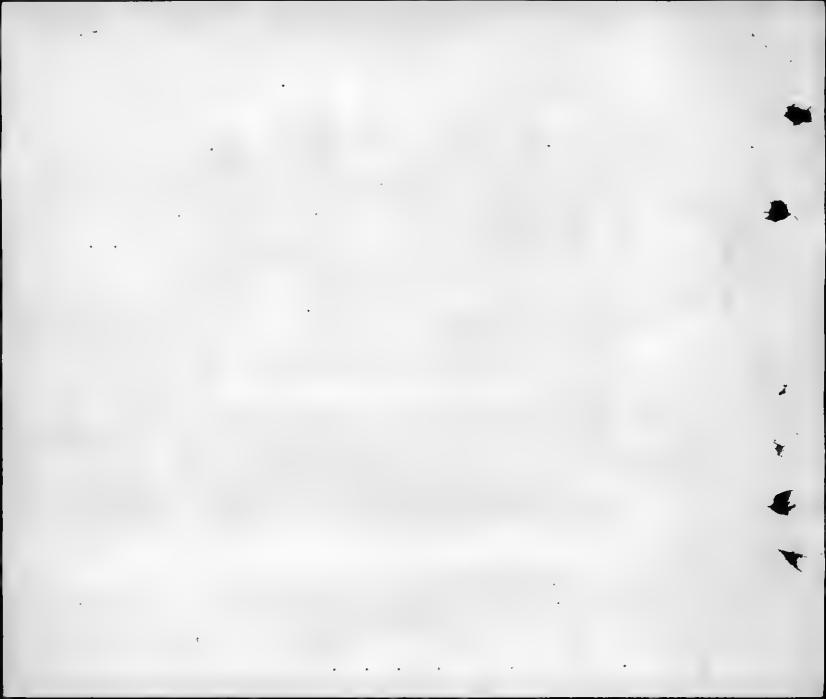


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Jev.	- Oir	for	Board o	
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in et	Ę		T.	OCT'S
ded	2, on	Page 5	To de	f, and in any event within 72 hour
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DIEG WITHER Z	I ftem, 18. Give Poges 1.	alang with form P.M3. Po	sit permit.	pus
201	=	D	高	-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07031 7041 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
Items 4,22c & 22d Film G-244 6/19/59.c. Reg. Dist. No.

,		AACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o STATE  Md.  b. COUNTY Montgomery
1		CITY OR TOWN I's outside corporate himits on the Bullac Sittive of Spring	c. LENGTH OF STAY IN 16	c. CITY OF IOWN (If outside corporate limits, write RUPAL and give nearest town)  Silver Spring
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hosp 225 Granville Dr.	ital, give street address)	d STREET ADDRESS  e. IS RECIDENTE ON A FARM? YES NOT
		NAME OF PIEST PIEST FIRST TYPE OF PRINTING F	Middle	Lost 4. DATE Month Doy Year OF DEATH JULY June 13 1959
	5. S	6. COLOR OR RACE 7. MARRIED  Male White WIDOWED	NEVER MARRIED [ 8.	DATE OF BIRTH  9. AGE I'm years   IF UNDER 1YEAR, IF UNDER 24 HPS   ULY 17, 1896   62   Months   Days   Hours   Min.
	100. W	USUAL OCCUPATION (Give kind of work done 10b. KI uring most of working life, even if retired atter—Statler Hotel	NOTIE	
	13.	father's name Unknown		14. MOTHER'S MAIDEN NAME Unknown
	15. [Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no, or britinown)  [If yee, give was as dates at service)		Address arner H. Wilckens RFD # 3 Seaford, Delaware
	L CERTIFICATION	Had feen dead	SASKALL TO	DIT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  VES NO [3]  Iter refure of injury in Port I of Part II of ilem 18.)
	MEDICAL	Haur a.m. While of warl	Nat while factor	E OF INJURY (Home, form, 20f. (City or town) (County) (Stote) y, street, office bldg., etc.)
		21. I certify that I took charge of the re- opinion death resulted from: Natural co		
47.		EXAMINER'S THE ANY TO PROGRAME	orhait	M.D. CHIEF MEDICAL EXAMINER
	220	BURIAL CREMATION 22b. DATE THEREOF	T. NAME OF CEMETERY OR C	DEPUTY MEDICAL EXAMINER (City, Town, or county)  STOREMATORY  122d. LOCATION (City, Town, or county)  (5701e)
	B1	June 16th   Oddie Ylow A	Zenetery Soaford, /pe/aware alaburg, Md.  [240. REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE	



VS A15 (4) 15M 9/55

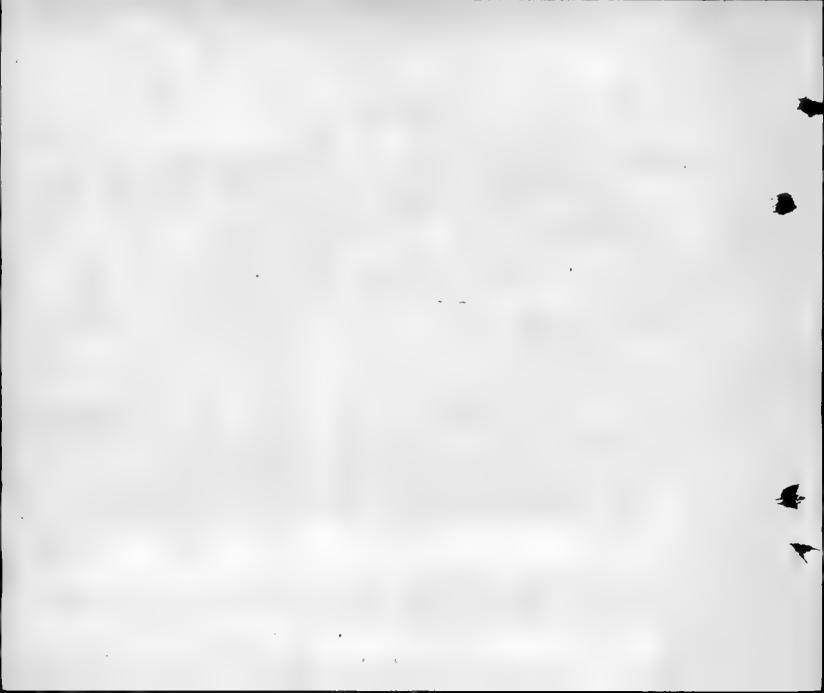
L	Weight - 2lls 13 og	704@ERTIFICA	ATE OF DEATH		Reg. Dist. No.	
1.	PLACE OF DEATH o. COUNTY Montgonery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If instituted b, COUNT		e admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or	utside corporate limits, write	RURAL and give nea	rest fowo)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION HO	oddress)	33 Mora	(B) 1		o. IS RESIDENCE ON A FARM? YES NO D
3.	NAME OF DECEASED (Type or print)  Salay	Middle SIRL	WILLIAMS	OF F	onth Do	y Yeor 19 5 9
5. T	SEX 6. COLOR OR RACE 7. MARR	TO CO THE THE MANAGE OF	8. DATE OF BIRTH	9. AGE (In year lost birthdoy)	Months Days	Hours Min
10	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country) (LAND	12 CITIZEN O	SA.
13.	FOUARD CALVIN	W. LLians	ALICE	VIRCINI	9 GRF	ECN
15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, 12, no or unknown)	SOCIAL SECURITY NO. 17. H	NFORMANT /	OTHER	dresa	
CERTIFICATION	TART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGNIFICANT CONDITIONS OF THE PART II. OTHER SIGNIFICANT CONDITIONS OF THE PART III. OTHER SIGN	eration, le	teletosis,	Breach dol	2 of	P. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P		(County)	(State)
MEDICAL	Hour e. m 19 While at wor	Not while far	tary, street, office bldg., etc			
	21. I certify that I attended the deceas alive an 200 CT T 19 SIGNATURE AND A 200 CT T 19 SIGNATURE AND A 200 CT T T T T T T T T T T T T T T T T T	mym.	accurred at5_/_	7	and an the dal	
22	PHYSICIAN'S JAPES S S  BURIAL, CREMATION, 22b. DATE THEREOF	TANTEN 17)	S & S L	22d LOCATION (City, town	My Mic	branche by
L	REMBYAL Specify) 6/21/59	Lincoln Pa		Rockvil	le, Mi.	(Stote)
23	FUNERAL DIRECTOR'S SIGNATURE	-Rockville, Md			ATTHER SIGNATUR	



											Reg. Dis	t. No.		
1,	PLACE OF DEATH						2. USUAL RES	DENCE (V	Vhere decea	sed lived. If Institu		ca befo	ore admi	ision)
L		ont go	mery		MARYI	LAND	o. STATE M	arvla	and	b. COUNT	Y Mont.	Ø		
	b. CITY OR TOWN (I	l outside carpore	ta limit, write	RURAL	c. LENGTH OF STAY I	N 15	c. CITY OR	TOWN (IF	outside cor	porate limits, write	RURAL and g	jive ac	arest to	wn)
	Bethe				D.O.A.		, G	abin	Tohn					
			TUTION (	f not in ha	spilal, give street address	)	d. STREET A							ESIDENCE
		an Hos	pita	L			13	Carve	er Rd	•				A FARM?
3.	NAME OF DECEASED		Fin		Middle		Laei		4. DATE	Manti	h	Day	Υ	ear
L	(Type or print)	Helen		zebetl					DEATH	June	6, 17	159	1	9
5.	SEX	6. COLOR	OR RACE	7. MARRI	ED 😡 NEVER MARRIED	8. D	ATE OF BIRTH			9. AGE (In years loss birthday)	IF UNDER 11			ER 24 HRS.
	female	col		WIDOWE	D DIVORCED [	ם כ	11-11-	1978		//O ALE	Months De	ויעם	Hours	Min.
10	a. USUAL OCCUPATE during most of working	ON (Give kine	d of work	ione 10b.	KIND OF BUSINESS OR I	NDUSTRY			ar fareign a	country)	12. CITIZE	N OF	WHAT	COUNTRY?
L	housewi		ir teittea)	İ			l M	ryla	nd		T	ISA		
13	, FATHER'S NAME					1	4. MOTHER'S					1 1.723		·
L	Wills	iam L.	Hayw					ttie		2				
15	. WAS DECEASED EV	ER IN U. S. A	RMED FO		SOCIAL SECURITY NO.	17 INRO	DRMANT	0010	<u> </u>	Address				
{Y	es, no, or enknown)	If yes, give wo		service)	218-20-2077				,	Address				
1						Ilheo	dore W	llia	ms (h	usband)	Ite m			
		TH Limber on TH WAS CAU		se per line	for (a), (b), and (c).		7/	/ -	n,	n .11:		ONSET	AL BETWE	EN TH
П	PARI IL DEA	IMMEDIATE	CAUSE (a)	100	ceration	501	Herry	ac	met (	secret Ves	5-65	>	42. 1	471
	24° m		DUE TO	F7 1	1 10	1 .	-		(	)		, -	)	17
	Canditians, if a		(b)	4000	es hed ("	Lec	0/					1	W 3	24 -
	gave rise to immed (a), stating the		DUE TO	1	1 - 1	× /				Ø				
	couse last.	)	{e}.	Hu	Tomob	16	Ho	· e (	clas-	1				
Z	PART II. OTI	IER SIGNIFIC	ANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART I	(a) 19	. WAS	AUTOPSY
CERTIFICATION												1	PERFO	RMED?
F.F.	200. EXTERNAL CAL	JSE WAS	20	b. DESCRIB	E HOW INJURY OCCUR	RED. /Enle	r nature of ini	ury to Part	L or Port II	of item 18.)			- E	
CERT	200. EXTERNAL CAL PRIMARY Dor CO. CAUSE OF DEATH.	YTRIBUTING									1			
			, Day, Yea	TITAE	r of auto	WILL C.	or real	nign	WAY &	s truck		- 1		10111
MEDICAL	1 10 55 5 m.			White	e Not while⊡	factory,	, street, office	bldg., etc.	201. (City	or sowing	(Count	נעו		(Stote)
X		6/6/5	9 19		ark of work 😾		ighway			oin John	Mont	p.	Ma	
			_		remains described					nspection 🔲,	Inquiry		and I	find that
	death resulted	from: N	latural (	causes [	, Accident X,	Suicid	le 🔲, Hi	micide	□, ∪	ndetermined c	ause 🔲.			
			^	0										
	ACTUAL SIGNATURE	ranh	4.1	200	wheet		CHIEF M	EDICAL EX	AMINER -				DATE S	IGNED
	SIGNATURE_SEE	/	1			^		IT MEDICA	AL EXAMINE	RП				
	EXAMINER'S NAME (Type)	P. (							XAMINER [	7 .	7	1.	53	
22	o. BURIAL, CREMATIC	N 22h DAI	E THEREO	esch	22c. NAME OF CEMETER	V OF CE				- Jun	<u> </u>		101.1	
	REMOVAL (Specify)	6	11/5					4	_	TION (City, Iown, o	эг социту)		(State	ı
23	FUNERAL DIRECTOR	S SIGNATUR		7	Corver Me	mori		04- 05C1		urel H	TRANCE FLOOR			
23	A A -	BIGINAIGK		1	Rockville	. 144		z40. REGT	JUN 9	*58 REGIS	STRAR'S SIGN	ATURI 7	Times	
-	March 1	1 111	0000	EM	TOONATTIO	a year d		DATE	U U I I					

TO DEPUTY MEDICAL EXAMENTATION This certificate should be executed within 24 haurs ofter death. If any delay is necessary, please execute the certificate, writing ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 in funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be relatived for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, premation, VS. A15ME(5) 5M 9/55



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TO HOSPITAL OR AN ENDING SICIAN: The law requires that the death certificate be executed than 24		10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campilerely filled		
VS	Al	5 (	4)	
	A S	175	H	

		7044	LAND	STAT	E DEPA					.111110	KE, I	8	07(	134
					CERTI	FICA	TE OF E	DEATH	1			Reg. D	ist. No.	215
	PLACE OF DEATH o. COUNTY Montgomer	v			MARY	LAND	2. USUAL RESIL			1 /		m: Reside		admission)
E		(If outside corporate limi	its, write		TH OF STAY	N 1b	e. CITY OR T	,	utside corp	orate limils	, write Rt	JRAL ond	give neare	est lown)
-	d. NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, o			days		3515_1	DDRESS	nere_1	Road				IS RESIDEN ON A FAR YES NO
- 1	NAME OF DECEASED (Type or print)	Fir			Middle		los		4. DATE OF DEATE		Mont		Day	Yeor
	SEX	6. COLOR OR RACE	gare		EVER MARRIE		DATE OF BIRT		DEAT	9. AGE (	June	IF JNDE	20 R 1 YEAR II	195 F UNDER 24
]	Female	Caucasian	WIDOW		DIVORCE		4-14-0	01		58	rthdoy) yrs	Months	Doys	Hours A
	USUAL OCCUPATE during most of wo Housewife	ON (Give kind of work of rking life, even if retired	dane 10b.	KIND OF	BUSINESS OF	R INDUS		ACE (Slote e land	or foreign	country)			I.S.A.	VHATCOUN
	FATHER'S NAME						14. MOTHER'S							
_	Robert BA	X'1161K ER IN U. S. ARMED FOR	CE52 14	SOCIAL SI	ECURITY NO.	i IN	Marga	aret 1	MUNN		Addr	800		
[Yes.	NO	(If yes, give war or dates of s	ervice)	None	ECURITI NO.	(s)	Major	Alexar	nder 1	lil so		SMC,	same	as #2
	15.3.8	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		rein	oma	9	eston	P C	un	elly	ile		ONSE	T AND DEA
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VS. A15ME	Warner W Dumpheest Inc. 9121 Coordin Asset	REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 2/57	Kaymond a. Bisker, Man. Silver Spring, Md. DAY	AUN 25 '59 Cirthur S. Traus
		A CANADA CONTRACTOR OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PRO



th. Page 4

within 24 hours of

AMYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL OR A

VS A15 (4) 15M 9/55

may be retained by the hosp of certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove corban papers the registror prior to burial, are removal, and in any event within 72 hours offer death.

ly filled in by the funeral director, Pages 1 and 2 shauld be filed with

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07036

CERTIFICATE OF DEATH

17100

١L			CERTIF	CAI	E OF DEATI			Reg. I	Dist. No	١.	
1	PLACE OF DEATH	NTGOMERY	MARYLA	- 11	USUAL RESIDENCE (W		d lived If institution b. COUNTY				
-	b. CITY OR TOWN (I	f autside carporate límits, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (IF	44,442,44	rote limits, write R	Alasta	<u> </u>	MERY great fow	
	RURAL and give no	corest town)		- L	-,			C.1745 VIII	g		,
-	d. NAME OF HOSPIT	IVER SPRING AL (If not in hospital, give street			d. STREET ADDRESS	R SPI	TING.			e. IS RES	IDENCE
	OR INSTITUTION	804 BRADFORD	ROAD		8804	BRADI	FORD ROA	AD_			FARM?
3	NAME OF DECEASED	First	Middle		lost	4. DATE OF	Mon	th	De	у	Yeor
	(Type or print)	FRANCE	3		ZANET	DEATH	6		6		1959
5	. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)				ER 24 HRS.
	FEMALE	WHITE WIDOW			3- 9-81		78 yrs.	Months	Days	Hours	Min,
1	On USUAL OCCUPATION  during most of work	ON (Give kind of work done 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	or foreign c	auntry)	12. C	ITIZEN (	F WHAT	COUNTRY
	RETIRE		DRESS MAKE	R	AUSTRI	A			U.	S.	Α.
1;	3. FATHER'S NAME			1	4. MOTHER'S MAIDEN	NAME					
	JO	HN SAYEK				MAI	RY -#-?				
1:		R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	·e11			
	NO			MIS	S ESTELE	LORRA	AINE (SA	AME	AS ;	#2)	
		ATH [Enter only one couse per li	ne-for (0), (b), and (c).]		1/	11			INT	ERVAL GE	TWEEN
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	erely	al	Hemos	Her	AC		ON	SET MID	Win-
	4437	DUE TO					1				
	Canditions, if a	ny, which ) (b)	/ /		1	_	- 0				
	gave rise to i cause (a), stating	mmediate ( DUETO /	4 maxeur	1,20	11/2010	alan x	P. : Calle	-170 1	1		
	lying cause last.	(c) /	The dia		140000	No co	uc were	URACI	Men	>	
2	PART II. OTI	ER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	19. WAS .	AUTOPSY
TAN	3									YES	RMED?
CEDTIELCATION	200. ACCIDENT WA	S UNDERLYING [] 206. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in	Part I or Part	I II of item 18.)				7
		CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJUR			e. PLACE	OF INJURY (Home, form, street, office bldg., atc	n, 20f. (City	ar town)		(County)		(State)
MED	Hour o, ji.	19 While of war	k Ol while	idelaly	, sireer, office grog., arc						
	21. I certify th	at attended the deceas	ed from X //	May	. 19 9 to (	alle	MC 19	Ishar I	last e	mar dha	decease
	alive on	Herris 10	59, and that de	eath oc	1020	DAN From					
			A' and mor de	sain ac	corred direct		n the causes/a treet, city or town,		rne aa		EU ODOYE ATE SIGNEI
	ACTUAL	muan- (+=	Tagasti		IDU HAVIV.	BIV	UE S	1/1/	FA	50	211/
	_		1 - 1	M.U.	/ <del>X-11-X-11-1</del>			den o			
	PHYSICIAN'S NAME (Type)/	4011 AS F	HOCA	127	4					V	W
2	20. BURIAL, CREMATIO REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME OF CEMETE	RY OR CR	EMATORY	22d. LOCAT	TION (City, tawn, o	or county)		(Stot	e)
_	REMOVAL	6-7-59				BAY	ONNE.			N. J	Γ.
2:	3. FUNERAL DIRECTOR	S SIGNATURE -> HEARE	ADDRESS WAS			D BY REGIST	RAR 246 REGIS	TRAR'S S	IGNATÚ	RE	
L	FRANCI	S J. COYLINS	3821 14TH	. SI	N.W DATE	u 9 150	G.J	Lung &	Have	4.	



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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7047 CERTIFICATE OF DEATH

07037

Reg. Dist. No.

1. PLACE OF DEATH				2	USUAL RESIDENCE (Wh	ere deceased	lived. If instituti	on Reside	nce befa	re admiss	sion)
Montgome	ry	-	MARYLA	15	e. State Pennsylvai		b. COUNTY				
b. CITY OR TOWN RURAL and give	(If autside corparate lim	its, write	C. LENGTH OF STAY IN	4 1b	c. CITY OR TOWN (IF o		rote limits, write R	URAL ond	give nec	grest law	n)
Bethesda			12 days		Berwick		75	X-3			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, o	give street	oddress)		d. STREET ADDRESS					e. 15 RES	FARM?
		. Be	thesda 14, 1	Md.	R. D. 1						NO 🗆
3. NAME OF DECEASED	Fir	'sl	Middle		Lost	4. DATE OF	Mon	th	Do	у	Yeor
(Type or print)	Cynt	chia	Maxine		Zehner	DEATH	Jur	le l	22	,	1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	(X) B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			_	ER 24 HRS
Female	White	WIDOW	ED DIVORCED		March 29, 1	954	5 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPATION	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR	11. BIRTHPLACE (Stote	ar foreign c	ountry)	12. C	ITIZEN C	E WHAT	COUNTR
Child	king me, even ir remed	<b>'</b>	None		Penn	sylvar	nia		U.	S. A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
Vincent	Zehner				Mary	Shaf:	fer				
		CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT The Med			ress	-		
No	fit her fline with or poset or i	ervicej	None	The	Clinical Ce	nter.	Bethesda	14.	Mar	ylan	id
	ATH [Enter only one co			,	^	10	1.		INT	ERVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	13	rau Vosit	166	Coccus	176	pricem	ia	Old	48	a
204,3	DUE TO	1	۸ ۴	/	) 1	0 .	0 1			4	
Canditions, if		1	Huell	1	musha	uc	Leek	Carre	2	2	con
gove rise to cause (o), stating											U
lying couse lost.		1									
PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY RMED?
2											NO [
PART II. OT	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (	Enter nature of injury in F	Part I or Part	II of item 18.)				
						Ψ					
20c. TIME OF INJU Hour a.m.	RY Month, Doy, Ye	or 20d. II While	NJURY OCCURRED 2	De. PLACE foctor	OF INJURY (Home, farm, y, street, office bldg., etc.	, ; 20f. (City } !	or town)		(County)		(Stote)
₽. m.	19		k of work			i					
21. I certify ti	hat I attended the		ed Home	une.	0, 1959 to	June :	22 , 1959	,that I	last so	w the	decease
alive an	June 22	125	2, and that d	leath a	corred at6:10	M, fron	n the causes a	ind on	the da	te state	ed abay
	r nn		P'TI		,	ADDRESS (SI	reel, city or lown,			DA	ATE SIGNE
ACTUAL SIGNATURE	Na Kelai	1	J. 14(e)	V_M.E	*		Center				2-59
PHYSICIAN'S			U				titutes		alth	1	
NAME (Type)	Nathan S.	Taylo	or, M. D.		Bethesd	la 14,	Maryland	1			
	ON, 226. DATE THEREC		22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCAT	ION (City, Iown, I	or county)		(Stat	e)
REMOVAL (Specify Burlal	6/25/5	9	Pine Gr	ove	Cemetery	Be	rwick,	Pen	na.		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADORESS		24o. REC'0		RAS9 246. REGIS			RE	
Robert	A Pumphy	OTZ	Bothoedo	Mar	and and	WUN & 4	23	إسالالالبال	1 3. 70	hours.	

PERSONAL STATE OF THE MEMORY AND STATE CONTY OF MEASO TO TRADRITISED BEATH which is the first of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco A THE REAL PROPERTY OF THE PARTY - District about the very service of the for

may be retained by the TO FUNERAL DI ECTOR page 3 should be detail the registrar prior to by

VS A15 (4) 15M 9/55

TO HOSPITAL

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7048

CEDTIEICATE OF DEATH

07038

			CERTIFIC	AIL OF DEA	HT.		Reg. Dist	No.	
	ONTGOMERY		MARYLAND	2. USUAL RESIDENCE o. STATE MARYI		lived. If instituti b. COUNTY		o before odmi OMERY	ission)
RURAL and give	I (If outside corporate limearest town)  SPRING	its, write	c. LENGTH OF STAY IN 16	56 SILVER		ote limits, write R	URAL and giv	ve nearest to	m)
OR INSTITUTIO	PITAL (If not in hospital, ; N BLIC ROAD	give street a	ddress)	/ d. STREET ADDRESS		AD		ON	A FARM?
3. NAME OF DECEASED (Type or print)	HERBERT	rst	MELVIN	ZINS	4. DATE OF DEATH	JUNE		Day	Yeor 19 59
s. sex MALE	6. COLOR OR RACE WHITE	7. MARRI WIDOWEI	ED NEVER MARRIED 🛣	APRIL 16, 19	950	P. AGE (In years lost birthday) 9 yrs.	-	YEAR IF UNI	
STUDEN	orking life, even if relired	done 10b. 1	CIND OF BUSINESS OR INDI		TON, D.		-	S.A.	T COUNTRY
LESTER Z	INS			LILLIAN	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH				
IS. WAS DECEASEDE (Yes, no. or unknown) NO	VER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16. S		INFORMANT LESTER ZINS -	- 1708 R	Add EPUBLIC		IL. SP	G. MD.
Conditions, if gove rise to cove (a), storin lying couse los	immediate DUE TO	c)	DNTRIBUTING TO DEATH BU	T NOT RELATED TO THE TE	RMINAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOPSY ORMED?
TOO. TIME OF INJ		ar 20d. IN	E.	ED. (Enter nature of injury  LACE OF INJURY Irlome, footbory, street, office bldg.,	form, 20f. (City		(Co	ounty)	(Stote)
21. I certify alive an	that I attended the 6 11 5 HERBERT D.	19.5 + £ GLICK,	od from South	, 19, to	M, fram ADDRESS (Str Mul	the causes of seet, city or town, on Spring	ind on the stote)	Rd	
BURIAL  23. FUNERAL DIRECTO			ADDRESS	CEMETERY 240. R	HYATT	SVILLE, AR 24b. REGIS	MARYLA STRAR'S SIGN		
B. DANZANS	KY & SONS-	3501	14th STREET, 1	DATE	11M 1 0 '50	0 11	. 0 4		

